

24 APR 1995

1. CASE No. 950127HCC2030		2. INVESTIGATOR'S ID 8 0 2 9		3. OFFICE CODE 8 3 0		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. DATE OF ACCIDENT 9 4 1 2 2 7		5. DATE INVESTIGATION INITIATED 9 5 0 2 0 3		YR MO DAY			
6. SYNOPSIS OF ACCIDENT OR COMPLAINT A fire originated in a love seat as the result of a 3 year old male playing with a cigarette lighter. No injuries were involved but the entire rental home had smoke damage and the family had to move from the premises.							
7. LOCATION(Home, school, etc.) rental house (living room)				8. CITY Marietta		9. STATE Georgia	
10A. FIRST PRODUCT cigarette lighter				11A. TRADE/BRAND NAME, MODEL unknown			
10B. SECOND PRODUCT love seat				11B. TRADE/BRAND NAME, MODEL unknown			
12. AGE OF VICTIM 9 9 9		13. SEX(Numerical code) Male -1 Female -2 unknown-3 I g		14. DISPOSITION no injury		15. INJURY DIAGNOSIS no injury	
16. BODY PART no injury		17. RESPONDENT(S) Occupant, fire personnel homeowner		18. TYPE INVESTIGATION On Site 1 Telephone 2 Other 3		19. TIME SPEW 1 0 0	
20. ATTACHMENTS multiple		21. CASE SOURCE newspaper		22. REVIEWED BY 8 0 0 7		YR MO DAY 9 5 0 3 0 7	
23. PERMISSION TO DISCLOSE NAMES (Non Neiss Cases Only) CPSC MAY DISCLOSE KY NAME CPSC MAY NOT DISCLOSE MY NAME X							
24. NARRATIVE(See Instructions on Other Side) 25. REGIONAL OFFICE DIRECTOR REVIEW DATE							
(Use Other Side and Additional Sheets If Necessary)							

An on-site was not conducted at the rental home where the incident occurred. According to the property owner, the love seat which ignited has been discarded. According to the fire department investigator, a 3 year old child playing with a cigarette lighter caused the love seat to ignite. No injuries were involved in this incident.

Information in this report was provided by the mother of the child who was renting the home, an investigator with the fire department, and the owner of the rental house where the incident occurred. According to the property owner an investigation was conducted by the insurance company. The claims representative stated that the cause of the fire was either a child playing with a cigarette lighter or cigarettes which caused a love seat to ignite. The claims representative indicated that a request must be made in writing in order to obtain a copy of the insurance report and photographs. A request was made (see copy of letter dated 2/15/95 attached as Exhibit 4). The claims representative indicated that permission must be obtained from the legal counsel before photographs or information on file relating to the incident can be provided. Several attempts have been made to obtain this information. If received, it will be added as an addendum.

No one was able to provide information pertaining to the cigarette lighter reportedly involved in this incident. Also, only limited information was provided pertaining to the love seat. No manufacturing information was available for either of the 2 products. For this reason, product information is limited.

PRE-ACCIDENT:

According to the property owner, the rental property is a 2 bedroom house approximately 900 square feet valued at approximately \$35,000 to \$40,000. According to the renter of the house who is also the mother of a 9 month old child and the child identified by fire personnel as being a 3 year old, at approximately 11:00 a.m. on 12/27/94, she was in the bathroom when her son went into the kitchen to get something to drink. She stated he then came into the bathroom and told her the house was on fire. She stated that he had to go through the living room to get to the kitchen and when he did, he saw the wall behind the love seat in the living room burning. The property owner stated that she had told him that her husband had gone to the store at this time and he was not at home. The property owner also indicated that she told him that there were no unusual circumstances occurring and no one was under the influence of drugs or alcohol. He also stated to the best of his knowledge, no one has any handicaps or disabilities.

ACCIDENT:

According to an investigator with the fire department on 12/27/94 a fire originated in a love seat as the result of a 3 year old male playing with a cigarette lighter. No injuries were involved. The incident occurred in the living room of a rental home in Marietta, Georgia. The entire rental home had smoke damage and the family had to move from the premises, according to all respondents.

The attached Exhibit 2 report received from the fire department states in part: "...INVESTIGATOR...INTERVIEWED THE MOTHER AND 3 YEAR OLD AND DETERMINED THAT THE FIRE WAS STARTED BY THE 3 YEAR OLD PLAYING WITH LIGHTER SETTING LOVESEAT ON FIRE. FIRE WAS CONTAINED TO LIVING ROOM AREA. HEAT AND SMOKE DAMAGE HEAVY THROUGHOUT." The attached Exhibit 2 INCIDENT REPORT FORM indicates in part: "EST. DOLLAR LOSS: \$25,000". The property owner estimated the damage to the home to be approximately \$12,000 to \$18,000. The property owner indicated there was smoke damage throughout the house but the living room is the only room that actually burned.

According to the mother of the child who reportedly was playing with the cigarette lighter, the fire was discovered immediately after her son informed her that the house was on fire. She indicated there was not a smoke detector in the house but the property owner indicated there was. The mother of the child also indicated that she does not believe her son started the fire but she thinks it was an electrical fire that started in the area of the light switch. She also indicated that her son did not have a cigarette lighter because the cigarette lighter, at the time of the incident, was on top of the refrigerator. The owner of the rental property also indicated that the child's mother told him that she was sure that it wasn't her child that started the fire.

According to an investigator with the fire department, it was very difficult to get information from the parent and they tried to put the child in some type of counseling. He stated he is unsure as to whether or not this ever occurred. The fire investigator also stated that he never actually saw the cigarette lighter and there was only a little bit of the sofa left after the fire. According to all respondents, the home was not liveable after the fire occurred and the family had to move from the premises.

POST ACCIDENT:

The renter stated that when her son informed her that the house

POST ACCIDENT:

The renter stated that when her son informed her that the house was on fire she walked from the bathroom into the hall and then into the living room where she saw that the love seat and the wall behind the love seat was on fire. She stated that she could not open the front door because of the fire so she got her two children and went out the window in the bedroom. The attached Exhibit 1 newspaper article states in part: "...He, his mother... and brother...**had** to flee through a rear window because the front door of the small rental house on...had been locked..." The mother stated that she went outside and a neighbor called 911. The property owner indicated that the occupant of the rental property did have a phone in her house but she wanted to get out of the house so she used a neighbor's phone or a neighbor called the fire department for her., He stated the fire department came quickly. According to the investigator with the fire department the love seat that ignited was taken out of the house, extinguished and then brought back into the house so the point of origin could be determined.

According to the renter, it appeared that the fire started at the top of the front of the love seat. She stated that the baby's car seat, diaper bag and book bag which had a couple of outfits of children's clothing inside were on the love seat at the time it ignited. She stated that the furniture had not been reupholstered.

According to the fire investigator, the point of origin of the fire was the back cushion of the love seat. The fire investigator stated that he never saw the lighter involved in the incident. The attached Exhibit 2 report received from the fire department states in part: "...**CREW DID PATIENT EVALUATION. RESIDENTS REFUSED TREATMENT AND TRANSPORT. MOTHER REFUSED TREATMENT FOR HER TWO CHILDREN AGES 3 AND 7 MONTHS...**"

PRODUCT INFORMATION:

The two products involved in this incident were identified by fire department personnel as being a cigarette lighter and a love seat. No product information was available from any of the respondents pertaining to the cigarette lighter which according to the fire department was the product **that ignited** the love seat. However, the mother of the child who reportedly was playing with the cigarette lighter stated there was no lighter involved. No product information was available from any — respondents pertaining to the lighter.

The second product involved in the incident was identified by the renter of the rental property as a love seat. The renter stated the love seat was purchased new by her brother on 12/9/94 for her birthday. She stated he would not tell her where he purchased it or how much he paid for it. She stated she would attempt to obtain this information and provide it to the Atlanta Satellite Office. If received, it will be added as an addendum to this report. She did state that the love seat had two removable cushions but she was unsure of the -type of filling material and also whether there was **any** labeling information that describes standards, certification or materials contained in the love seat. She did say that the love seat is gray in color with rainbow type stripes.

The renter estimated the total household income to be approximately \$15,000 and she indicated the head of the household does have some college.

Since no product information was obtainable, this information is limited.

ATTACHMENTS:

- Exhibit 1 - ACCIDENT INVESTIGATION REQUEST FORM and newspaper article.
- Exhibit 2 - INCIDENT REPORT and INCIDENT REPORT FORM received from the fire department.
- Exhibit 3 - 2/15/95 letter to fire department requesting fire report with FIRE DEPARTMENT FIRE SCENE INVESTIGATION WORKSHEET attached.
- Exhibit 4 - 2/15/95 letter to claims specialist Insurance requesting insurance report and photographs.
- Exhibit 5 - DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES. .

CH10

950127HCC2030

ACCIDENT INVESTIGATION REQUEST FORM

Document Number G51 0154
Date of Incident 941227 Category I.D. BUNN251995
Follow-up Requested Hazard Analysis ☐ Section 15 ☐
Type Follow-up Requested Telephone Call ☐ On-Site ☒
Headquarters Contact Linda Smith (301) 504-0470, Extension (1275)
Assignment Message.

Please contact victim's parents to see if a sample of ignited couch can be obtained. Find out what part of the couch ignited (if possible). If second hand furniture, find out how long in possession.

Follow revised page 9 of September 1994 guideline, "Upholstered Furniture Fires (For Open Flame Ignition Fires Only)," for sample collection.

Describe incident scenario; photograph and identify manufacturer, model number and brand name; obtain fire incident report, medical, insurance and any other report of incident.

Person(s) to Contact _____

Guideline _____

Requested By L. Smith

Task Number 950127HCC2030

Assigned to CH10 Date 1/27/95

EX. 1

Re: [unclear]
to ASL G11

950127 HCC 2030

JAN 17 1995

"From the Press of Georgia"

The Rawson Company

SUITE 114 / BETA BUILDING / TWO NORTHSIDE 75
ATLANTA, GEORGIA 30318 / 404-352-1777

G51.0152

TC20

Advertising . Public Relations
CLIPPING SERVICE DEPARTMENT

Consumer

Client

Marietta Daily Journal

Name of Georgia Newspaper

DEC 28 1994

Tot toys with lighter, sets living room ablaze

By Luke Johnson

Marietta Daily Journal Staff Writer

A 3-year-old boy playing with a cigarette lighter Tuesday morning started a fire in his south Cobb home, forcing his mother to pull him and his 7-month-old brother out a back window to safety.

No one suffered serious injuries, but the 3-year-old ~~boy~~ was treated for minor smoke inhalation, according to Cobb County fire battalion chief G.W. Jordan.

He, his mother, ~~and brother~~ and brother Matthew had to flee through a rear window because the front door of the small rental house on Cochran Street — off South Cobb Drive near Austell Drive — had been locked, Jordan said.

"I guess it was locked to keep children from going outside," Jordan

said.

The 3-year-old started the fire on the living room couch, Jordan said.

"The main damage was confined to that one room — probably about \$3,000," said Jordan, who added that there was smoke damage to other parts of the house.

Jordan said the family was unable to stay in the house.

"They were going to talk with the Red Cross about getting some help with temporary shelter," he said.

The fire was ruled accidental.

"It's the nature of a child to want to play with matches or a lighter if they can," he said.

No one is charged in the blaze, but fire prevention officers will talk with the child "and get the point across to him that he made a big mistake."

950127 HCC 2030

EX. 1

FAX TRANSMITTAL SHEET



950127HCC2030

COBB COUNTY FIRE AND EMERGENCY SERVICES
1596 County Farm Road
Marietta, Georgia 30060-4021
(404) 528-8000 * FAX (404) 528-8015

DATE-

2-9-94

TOTAL NUMBER OF PAGES:

10

(including transmittal sheet)

TO:

Jimmie Barrett

FAX NUMBER:

730-2878

FROM:

Roger Davenport / C.E.M.A.

COMMENTS:

Incident Report #94028239

PLEASE CALL IF YOU DO NOT RECEIVE ALL OF THE PAGES.

EX.2

950127HCC2030

FBI001R
02/09/1995 14:21COBB FIRE PRODUCTION
INCIDENT REPORT

PAGE 1

FDID: 03301 INCIDENT NO: 94020239 EXP NO: 00 DATE: 12/27/94 DAY: TUE
ALARM TIME: 11:13 ARRIVE TIME: 11:16 TIME IN SERVICE: 12:30 MUTUAL AID: N
SITUATION: 11/STRUCTURE FIRE.
ACTION TAKEN: 01/EXTINGUISHMENT

OCCUPANT NAME: [REDACTED]
ADDRESS: [REDACTED]
MARIETTA GA 30060 FDZ: 23

PHONE :
SUITE/APT:
CENSUS TRACT: 31002

OWNER NAME: [REDACTED]
ADDRESS: [REDACTED]
KENNESAW GA 30144 FDZ: 169

PHONE :
SUITE/APT:

METHOD OF ALARM: 01/TELEPHONE/911 TO FIRE DEPT

STATION: 02 SHIFT: B # ALARMS: 1

FS RESP: 18 # ENGS RESP: 3 # AERIALS RESP: 1 # OTH VEH RESP: 0

FIXED PROPERTY USE: 411/ONE-FAMILY DWELLING: YEAR-ROUND USE.
COMPLEX: 41/DWELLING COMPLEX (ONE-AND TWO-FAMILY).
IGNITION FACTOR: 36/CHILDREN WITH, CHILDREN PLAYING.
MOBILE PROPERTY TYPE: 08/NOT APPLICABLE
AREA OF FIRE ORIGIN: 14/LOUNGE AREA, LIVING ROOM, DEN, TV ROOM.
LEVEL OF FIRE ORIGIN: 01/GRADE LEVEL TO 9 FEET ABOVE GRADE.
HEAT OF IGNITION FORM: 46/LIGHTER (FLAME TYPE).
IGNITION EQUIPMENT: 98/NO EQUIPMENT INVOLVED.
MATERIAL TYPE: 70/FABRIC, TEXTILE, FUR; INSUFF.INFO.
MATERIAL FORM: 21/UPHOLSTERED SOFA, CHAIR, VEHICLE SEATS.
EXTINGUISHMENT METHOD: 05/PRECONNECT HOSE8 WITH TANK WATER.
VALUE AT RISK: \$20,000 ESTIMATED \$ LOSS: \$5,000
TOTAL GALLONS WATER USED (ROUNDED TO NEAREST THOUSAND): 0

NUMBER OF STORIES: 1 CONSTRUCTION TYPE: 05/WOOD-FRAME P.480
EXTENT OF FLAME DAMAGE: 02/CONFINED TO PART OF ROOM OR AREA OF ORIGIN.
EXTENT OF SMOKE DAMAGE: 06/CONFINED TO STRUCTURE OR ORIGIN:
DETECTOR PERFORMANCE: 00/PERFORMANCE UNDETERMINED
SPRINKLER PERFORMANCE: 08/NO EQUIPMENT PRESENT
AVENUE OF SMOKE TRAVEL: 02/CORRIDOR.
MATERIAL TYPE SMOKE: 00/TYPE OF MATERIAL UNDETERMINED
MATERIAL FORM SMOKE: 00/FORM OF MATERIAL UNDETERMINED

IF MOBILE PROPERTY: YEAR: MAKE:
MODEL; SERIAL NO:
TAG NO: STATE:

IF EQUIP INVOLVED IN IGNITION: YEAR: MARE:
MODEL: SERIAL NO:

FIRE SERVICE INJ: 0 OTHER INJ: 3 FIRE SERVICE FTL: . 0 OTHER FTL: 0

REPORT BY: 313 DUPREE DANIEL HARDY
DATE: 12/27/1994

EA.2

FBI001R
02/09/1995 14:21

COBB FIRE PRODUCTION
INCIDENT REPORT

PAGE 2

950127HCC2030

UNIT SUMMARY FOR
INCIDENT NO: 94028239
EXPOSURE NO: 00

<u>UNIT</u>	<u>ALARM</u>	<u>ARRIVE</u>	<u>BACK IN</u> <u>SERVICE</u>	<u>FIRST IN</u>
R2	12/27/1994 11:13	12/27/1994 11:23	12/27/1994 11:53	N
E7	12/27/1994 11:13	12/27/1994 11:21	12/27/1994 12:30	N
E2	12/27/1994 11:13	12/27/1994 11:16	12/27/1994 12:17	Y
L22	12/27/1994 11:13		12/27/1994 11:15	N
C502	12/27/1994 11:13	12/27/1994 11:29	12/27/1994 12:04	N
E22	12/27/1994 11:15		12/27/1994 11:25	N

EX.2

950127HCC 2030

Cobb County Fire Department

Date: 02/09/95

Incident #: 94028239 . Exposure #: 00

028239

UPON ARRIVAL, FOUND 1 8TORY FRAME SMOKE SHOWING. RESIDENT ADVISED EVERYBODY OUT AND THAT SHE BELIEVED IT STARTED FROM CHRISTMAS LIGHTS OR HER SON PLAYING WITH LIGHTER. PULLED PRE-CONNECT, ENGINE 2, RESCUE 2 EXTINGUISHED FIRE. ENGINE 7 ASSUMED COMMAND AND CREW DID PATIENT EVALUATION. RESIDENTS REFUSED TREATMENT AND TRANSPORT. MOTHER REFUSED TREATMENT FOR HER TWO CHILDREN AGES 3 AND 7 MONTHS. INVESTIGATOR DURHAM(412) INTERVIEWED THE MOTHER AND 3 YEAR OLD AND DETERMINED THAT THE FIRE WAS STARTED BY THE 3 YEAR OLD PLAYING WITH LIGHTER SETTING LOVESEAT ON FIRE. FIRE WAS CONTAINED TO LIVING ROOM AREA. HEAT AND SMOKE DAMAGE HEAVY THROUGHOUT.

EA.2

Thu Feb 9 14:32:29 1995

950127HCC2030

fin027u

Civilian Casualty, Page 1'

UPDATE

Incident #: 94028259

Exp #: 00P

12/27/1994

Alarm:
11:13

Casualty #: 003

Casualty Name (Last, First, MI):

DOB:
05/01/1994Age : 0 Date/Time of Injury:
12/27/1994 11:13

Home Address:

MARIETTA GA 30060
FDZ: 23Telephone:
()Sex: M
MALECasualty Type: 1
FIRE CASUALTYSeverity: 1
INJURYAffiliation: 3
CIVILIANFamiliarity with Structure: 2
LIMITED FAMILIARITY.Location at Ignition: 0
LOCATION UNDETERMINED OR NOT REPORTEDCondition Before Injury: 5
TOO YOUNG TO ACT.

Updated: dupre_d 1212711994 19:43

24.2

950127HCC 2030

Thu Feb 9 14:32:13 1995

f in027u

Civilian Casualty, Page 1

UPDATE

Incident #:	Exp #:	Date:	Alarm:	Casualty #:
94020239	00	12/27/1994	11:13	001

Casualty Name (Last, First, MI):	DOB:	Age:	Date/Tim of Injury:
[REDACTED]	01/01/1971	23	12/27/1994 11:13

Home Address:	Telephone:
[REDACTED]	()
MARIETTA GA 30060	
FDZ: 23	

Sex: F	Casualty Type: 1	Severity: 1	Affiliation: 3
FEMALE	FIRE CASUALTY	INJURY	CIVILIAN

Familiarity with Structure: 1	Location at Ignition: 3
VERY FAMILIAR.	FIRE CASUALTY-ON SAME FLOOR AS ORIGIN OF F

Condition Before Injury: 0
CONDITION BEFORE INJURY UNDETERMINED

Updated: dupre_d 12/27/1994 19:43

EA.2

Thu Feb 9 14:31:57 1995

95 0127 HCC 2030

fin027u

Civilian Casualty, Page 1

UPDATE

Incident #:	Exp #:	Date:	Alarm:	Casualty #:
94028239	00	12/27/1994	11:13	002

Casualty Name (Last, First, MI):	DOB:	Age :	Date/Time of Injury:
[REDACTED]	01/01/1991	3	12/27/1994 11:13

Home Address: [REDACTED]
MARIETTA GA 30060
FDZ: 23

Telephone:
()

Sex: M	Casualty Type: 1
MALE	FIRE CASUALTY

Severity: 1	Affiliation: 3
INJURY	CIVILIAN

Familiarity with Structure: 1
VERY FAMILIAR.

Location at Ignition: 1
FIRE CASUALTY INTIMATELY INVOLVED WITH IGN

Condition Before Injury: 5
TOO YOUNG TO ACT.

Updated: dupre_d 12/27/1994 19:43

E.A.2

☐ REFER TO EDUCATION

COBB COUNTY FIRE DEPARTMENT
INCIDENT REPORT FORM

950127 HCC 2030

☐ CHANGE
☐ DELETE

COMPLETE LINES A-O FOR ALL INCIDENTS (INCLUDING INVESTIGATIONS BY FIRST ENG)

A 1. INCIDENT NUMBER: 12181319 2. EXPOSURE NUMBER: 00 3. DATE 12/27/94
B 4. ALARM TIME: 1113 5. ARRIVAL TIME: 1116 6. TIME IN SERVICE: 1217
C 7. SITUATION: STRUCTURE FIRE 8. ACTION: Extinguish
D 9. NAME: [REDACTED] 10. PHONE #: [REDACTED] 11. APT. #: [REDACTED]
E 12. LOCATION: [REDACTED] 13. ZIP: 0030066 14. CENSUS: 031063
G 15. OWNERS NAME: [REDACTED] 16. PHONE #: [REDACTED]
H 17. ADDRESS: [REDACTED]
I 18. INSP DIST: 2 19. SHIFT: B 20. ALRM #: 1 21. # FIRE PERS RES: 11
J 22. 1ST OIC: D. Dupree 27. # ENGS: 2 28. # AERIALS: [REDACTED] 29. RESCUE: R-2
M 30. RANGER: R- 31. # CHF: 502 32. HAZ MAT: ☐ 33. TREN RES: ☐ 34. COM UNIT ☐
O 35. MUTUAL AID: ☐ REC ☐ GTV 36. METHOD OF ALARM: Telephone

COMPLETE LINES P-W FOR ALL IGNITIONS

P 37. FIXED PROP USE: Single family 38. COMPLEX: Residential
Q 39. IGN FACT: CHILD PLAYING WITH LIGHTER 40. MOB PROP TYPE: N/A
R 41. FIRE ORIGIN: LIVING ROOM 42. FIRE LEVEL: GRADE LEVEL
S 43. HEAT FORM: LIGHTER 44. IGN EQUIP: NO EQUIPMENT
T 45. MAT TYPE: FABRIC UPHOLSTERY 46. MAT FORM: SOFA
U 47. EXT METHOD: PRECONNECT
V 48. VALUE AT RISK: \$ 40,000 49. EST. DOLLAR LOSS: \$ 25,000
W 50. TOTAL GALLONS OF WATER USED AT INCIDENT: < 50
(ROUNDED TO NEAREST THOUSAND)

COMPLETE IF STRUCTURE FIRE

51. STORIES: 1 52. AVENUE OF SMOKE TRAVEL: CORRIDOR
53. FLAME DAM: CONFINED TO ROOM 54. SMOKE DAM: CONFINED TO STRUCTURE
55. MAT TYPE SMOKE: UNDETERMINED 56. MAT FORM SMOKE: UNDERMINED
57. DETECTOR PERF: UNDETERMINED 58. SPKLR PERF: NO SPRINKLERS

COMPLETE IF CASUALTY/FATALITY

59. FIRE INJ: [REDACTED] 60. OTHER INJ: 3 61. FIRE FATA: [REDACTED] 62. OTHER FATA: [REDACTED]

COMPLETE IF SUSPICIOUS

63. AGE: 9 64. SEX: ☒ M ☐ F 65. UNDER INV: ☐ Y ☒ N

COMPLETE IF MOBILE PROP (SEE ITEM 40)

66. YR: [REDACTED] 67. MAKE: [REDACTED] 68. MOD: [REDACTED] 69. SE: [REDACTED] 70. TAG: [REDACTED]

COMPLETE IF EQUIP INVOLVED IN IGNITION (SEE ITEM 44)

71. YEAR: [REDACTED] 72. MAKE: [REDACTED] 73. MODEL: [REDACTED] 74. SN: [REDACTED]

REPORT BY: Dan Dupree

DATE: 12/27/94

CHECK IF REMARKS

ON BACK ☐

EX. 2

State Capital
Atlanta, Georgia 30334
COBB COUNTY

950127HCC 2030

Fill in This Report
in Your Own Words

Georgia CASUALTY REPORT

FDID 03301		Incident No. 928,219		Seq. No. 1		Mo. 2		Day 7		Year 94		Day of Week Tuesday		Alarm Time 11:13		Page 3 of 3					
Casualty Last Name												First Name		MI		D.O.B.		Age		Time of Injury	
Home Address												Telephone									
SEX 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female		CASUALTY TYPE 1 <input checked="" type="checkbox"/> Fire Casualty 2 <input type="checkbox"/> Action Casualty 3 <input type="checkbox"/> EMS Casualty		SEVERITY 1 <input type="checkbox"/> Injury 2 <input checked="" type="checkbox"/> Death		AFFILIATION 1 <input type="checkbox"/> Fire Service 2 <input type="checkbox"/> Other Emergency Personnel 3 <input type="checkbox"/> Civilian															
Familiarity With Structure several months				Location of Ignition same floor as origin of fire				Condition Before Injury laying to rest													
Condition Preventing Escape fire cut off exit				Activity at Time of Injury undetermined				Cause of Injury exposed to smoke													
Nature of Injury smoke inhalation				Part of Body Injured internal				Disposition REFUSED													
<input type="checkbox"/> See Remarks on Back												<input type="checkbox"/> See Additional Report									

Casualty Last Name		First Name		MI		D.O.B.		Age		Time of Injury											
Home Address												Telephone									
SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		CASUALTY TYPE 1 <input type="checkbox"/> Fire Casualty 2 <input type="checkbox"/> Action Casualty 3 <input type="checkbox"/> EMS Casualty		SEVERITY 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Death		AFFILIATION 1 <input type="checkbox"/> Fire Service 2 <input type="checkbox"/> Other Emergency Personnel 3 <input type="checkbox"/> Civilian															
Familiarity With Structure				Location of Ignition				Condition Before Injury													
Condition Preventing Escape				Activity at Time of Injury				Cause of Injury													
Nature of Injury				Part of Body Injured				Disposition													
<input type="checkbox"/> See Remarks on Back												<input type="checkbox"/> See Additional Report									

Casualty Last Name		First Name		MI		D.O.B.		Age		Time of Injury											
Home Address												Telephone									
SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		CASUALTY TYPE 1 <input type="checkbox"/> Fire Casualty 2 <input type="checkbox"/> Action Casualty 3 <input type="checkbox"/> EMS Casualty		SEVERITY 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Death		AFFILIATION 1 <input type="checkbox"/> Fire Service 2 <input type="checkbox"/> Other Emergency Personnel 3 <input type="checkbox"/> Civilian															
Familiarity With Structure				Location of Ignition				Condition Before Injury													
Condition Preventing Escape				Activity at Time of Injury				Cause of Injury													
Nature of Injury				Part of Body Injured				Disposition													
<input type="checkbox"/> See Remarks on Back												<input type="checkbox"/> See Additional Report									

Officer in Charge (Name, Position, Assignment)		Date	
Member Making Report (If Different From Above)		Date	

Et. 2

State Capital
Atlanta, Georgia 30334
COBB COUNTY Fire Department

950127HCC2030

FBI in This Report
in Your Own Words

Georgia CASUALTY REPORT

FDID 03301		Incident No. 1218121317		Sta. 090		Day 12		Year 94		Day of Week TUESDAY		Alarm Time 11:17		Page 2 of 2					
County Last Name [REDACTED]										First Name [REDACTED]		MI [REDACTED]		D.O.B. [REDACTED]		Age [REDACTED]		Time of Injury 11:17	
Home Address [REDACTED]										Telephone [REDACTED]									
SEX 1 Male 2 Female		CASUALTY TYPE 1 Fire Casualty 2 Action Casualty 3 EMS Casualty				SEVERITY 1 Injury 2 Death		AFFILIATION 1 Fire Service 2 Other Emergency Personnel 3 Civilian											
Familiarity With Structure VERY FAMILIAR				Location of Ignition SAME FLOOR				Condition Before Injury UNDETERMINED											
Condition Preventing Escape FIRE CUT OFF EXIT				Activity at Time of Injury UNDETERMINED				Cause of Injury EXPOSED TO SMOKE											
Nature of Injury SMOKE INHALATION				Part of Body Injured INTERNAL				Disposition REFUSED MED											
<input type="checkbox"/> See Remarks on Back										<input type="checkbox"/> See Additional Report									

County Last Name [REDACTED]										First Name [REDACTED]		MI [REDACTED]		D.O.B. [REDACTED]		Age [REDACTED]		Time of Injury [REDACTED]	
Home Address [REDACTED]										Telephone [REDACTED]									
SEX 1 Male 2 Female		CASUALTY TYPE 1 Fire Casualty 2 Action Casualty 3 EMS Casualty				SEVERITY 1 Injury 2 Death		AFFILIATION 1 Fire Service 2 Other Emergency Personnel 3 Civilian											
Familiarity With Structure [REDACTED]				Location of Ignition [REDACTED]				Condition Before Injury [REDACTED]											
Condition Preventing Escape [REDACTED]				Activity at Time of Injury [REDACTED]				Cause of Injury [REDACTED]											
Nature of Injury [REDACTED]				Part of Body Injured [REDACTED]				Disposition [REDACTED]											
<input type="checkbox"/> See Remarks on Back										<input type="checkbox"/> See Additional Report									

County Last Name [REDACTED]										First Name [REDACTED]		MI [REDACTED]		D.O.B. [REDACTED]		Age [REDACTED]		Time of Injury [REDACTED]	
Home Address [REDACTED]										Telephone [REDACTED]									
SEX 1 Male 2 Female		CASUALTY TYPE 1 Fire Casualty 2 Action Casualty 3 EMS Casualty				SEVERITY 1 Injury 2 Death		AFFILIATION 1 Fire Service 2 Other Emergency Personnel 3 Civilian											
Familiarity With Structure [REDACTED]				Location of Ignition [REDACTED]				Condition Before Injury [REDACTED]											
Condition Preventing Escape [REDACTED]				Activity at Time of Injury [REDACTED]				Cause of Injury [REDACTED]											
Nature of Injury [REDACTED]				Part of Body Injured [REDACTED]				Disposition [REDACTED]											
<input type="checkbox"/> See Remarks on Back										<input type="checkbox"/> See Additional Report									

Officer in Charge (Name, Position, Assignment)										Date	
Member Making Report (if Different From Above)										Date	

FM 90

EX. 2

State Capital
Atlanta, Georgia 30334
COBB COUNTY Fire Department

950127HCC 2030

Fill in This Report
in Your Own Words

Georgia CASUALTY REPORT

FDID	Incident No.	Eq. No.	Sta.	Day	Year	Day of Week	Alarm Time
8	03301	12181319	010	12	217	914	TUESDAY

Page 1
of 3

GA	Casualty Last Name	First Name	MI	D.O.B.	Age	Time of Injury
GB	Home Address				Telephone	
GC	SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	CASUALTY TYPE 1 <input type="checkbox"/> Fire Casualty 2 <input type="checkbox"/> Action Casualty 3 <input type="checkbox"/> EMS Casualty	SEVERITY 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Death	AFFILIATION 1 <input type="checkbox"/> Fire Service 2 <input type="checkbox"/> Other Emergency Personnel 3 <input type="checkbox"/> Civilian		
GD	Familiarity With Structure	Location of Ignition	Condition Before Injury			
GE	Condition Preventing Escape	Activity at Time of Injury	Cause of Injury			
GF	Nature of Injury	Part of Body Injured	Disposition			
<input type="checkbox"/> See Remarks on Back <input type="checkbox"/> See Additional Report						

GA	Casualty Last Name	First Name	MI	D.O.B.	Age	Time of Injury
GB	Home Address				Telephone	
GC	SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	CASUALTY TYPE 1 <input type="checkbox"/> Fire Casualty 2 <input type="checkbox"/> Action Casualty 3 <input type="checkbox"/> EMS Casualty	SEVERITY 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Death	AFFILIATION 1 <input type="checkbox"/> Fire Service 2 <input type="checkbox"/> Other Emergency Personnel 3 <input type="checkbox"/> Civilian		
GD	Familiarity With Structure	Location of Ignition	Condition Before Injury			
GE	Condition Preventing Escape	Activity at Time of Injury	Cause of Injury			
GF	Nature of Injury	Part of Body Injured	Disposition			
<input type="checkbox"/> See Remarks on Back <input type="checkbox"/> See Additional Report						

GA	Casualty Last Name	First Name	MI	D.O.B.	Age	Time of Injury
GB	Home Address				Telephone	
GC	SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	CASUALTY TYPE 1 <input type="checkbox"/> Fire Casualty 2 <input type="checkbox"/> Action Casualty 3 <input type="checkbox"/> EMS Casualty	SEVERITY 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Death	AFFILIATION 1 <input type="checkbox"/> Fire Service 2 <input type="checkbox"/> Other Emergency Personnel 3 <input type="checkbox"/> Civilian		
GD	Familiarity With Structure	Location of Ignition	Condition Before Injury			
GE	Condition Preventing Escape	Activity at Time of Injury	Cause of Injury			
GF	Nature of Injury	Part of Body Injured	Disposition			
<input type="checkbox"/> See Remarks on Back <input type="checkbox"/> See Additional Report						

Officer in Charge (Name, Position, Assignment)	Date
Member Making Report (If Different From Above)	Date

FM 90

FL 2

U. S. CONSUMER PRODUCT
SAFETY COMMISSION
ATLANTA SATELLITE OFFICE
401 WEST PEACHTREE STREET, N.W.,
SUITE 1600
ATLANTA, GEORGIA 30308
(404) 730-2870
(404) 730-2878 FAX



TO: A.W. Durham, investigator, Cobb County
fire Dept.

FAX #: 404 - 528 - 8015

FROM: Jimmie Barnett, CPSC - ATL-SL

DATE: 2-15-95

RE: Accident Report # 94028239

PAGES: sheet , + cover

NOTES:

A.3

950127HCC2030

U.S. CONSUMER PRODUCT SAFETY COMMISSION
Atlanta Satellite office
401 W. Peachtree Street, NW, Suite 1600
Atlanta, Georgia 30308

Mr. A. W. Durham, Investigator
Cobb County Fire Department
1596 County Farm Road
Marietta, Georgia 30060

February 15, 1995

Dear Mr. Durham:

The U.S. Consumer Product Safety Commission is involved in the study of injuries, accidents and complaints involving many consumer products. Information gathered from fire departments, medical examiners, gas companies, electric companies, insurance companies and coroners helps make us aware of product hazards, and aids us in preventing product-related accidents and injuries.

We would appreciate your office providing the undersigned a copy of the following report:

Victim/Occupant: Fire Incident Report #94028239 and photographs, if available,
Address: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Date of Incident: 12/27/94

Product or Involved: lighter and love seat

Any additional information that your office could provide will be appreciated. If there are any questions, please call me at (404)730-2870. The Fax number is AC 404-730-2878.

Sincerely,

Jimmie L. Barrett

Jimmie L. Barrett
Product Safety Investigator
Atlanta Satellite Office

EX-3

950127 HCC 2030
FAX TRANSMITTAL SHEET



COBB COUNTY FIRE AND EMERGENCY SERVICES
1596 County Farm Road
Marietta, Georgia 30060-4021
(404) 528-8000 * FAX (404) 528-8015

DATE:

2/13/95

TOTAL NUMBER OF PAGES:

03 (including transmittal sheet)

TO:

Jimmie Barrett

FAX NUMBER:

730-2878

FROM:

A.W. Durham

COMMENTS:

PLEASE CALL IF YOU DO NOT RECEIVE ALL OF THE PAGES.

A.3

COBB COUNTY FIRE DEPARTMENT FIRE SCENE INVESTIGATION WORKSHEET

INVESTIGATOR A.W. DURHAM TIME ARRIVED ON SCENE 95 01 27 HCC 2030TIMES: RECEIVED 1113 SIGNAL 1 1116 FIRE DEPT RUN # 28239 DATE 12-27-94STREET ADDRESS [REDACTED] CITY MARIETTA PHONE [REDACTED]

PERSONS INTERVIEWED

OCCUPANT [REDACTED] SSN [REDACTED] R/S [REDACTED] DOB [REDACTED]ADDRESS [REDACTED] MARIETTA PHONE [H] [REDACTED] [W] [REDACTED]OWNER [REDACTED] SSN [REDACTED] R/S [REDACTED] DOB [REDACTED]ADDRESS [REDACTED] PHONE [H] [REDACTED] [W] [REDACTED]FIRE DISCOVERED BY [REDACTED] OBSERVED FIRE ON COUCH BY DOOR

NAME	ADDRESS	PHONE	DOB	R/S
------	---------	-------	-----	-----

RESPONDING CO'S ENG. 2 OFFICER IN CHARGE 502 JORDANFIRE DEPARTMENT OBSERVED FIRE IN RESIDENCECASUALTIES/FATALITIES CHILD BURNED FINGERAREA OF ORIGIN COUCH EQUIP INVOL IN. IGNITION MATCHGAS CO ATLANTA ELECTRIC CO COBBTYPE OF MATERIAL IGNITED COUCHBLDG. CONSTRUCTION TYPE FRAME FLOORS WOOD WALLS SC/ER L I N G S / RFORCIBLE ENTRY: FIRE DEPT 0 OTHER [REDACTED] DOOR WINDOW ROOF [REDACTED]ESTIMATED FIRE LOSS: BLDG 5,000.00 CONTENTS 5,000.00 VEHICLE 0ESTIMATED VALUE: BLDG 20,000.00 CONTENTS 10,000.00 VEHICLE 0CCPD CASE # 0 CCPD OFFICER [REDACTED]EVIDENCE TAKEN 0DETECTION SYSTEM 0 TYPE PHOTOS: PRINT [] SLIDES [] BY [REDACTED]INSURANCE COMPANY: BLDG/VEHICLE UK AMOUNT \$ [REDACTED]INSURANCE COMPANY: CONTENTS [REDACTED] AMOUNT \$ [REDACTED]INSURANCE AGENT: NAME [REDACTED] PHONE [REDACTED]

FL3

950127 HCC 2030

FACTUAL DETERMINATION ACCIDENTAL

ADDITIONAL PERSON INTERVIEWED

NAME	ADDRESS	PHONE	DOB	R/S
------	---------	-------	-----	-----

COMMENTS ON INFORMATION

FIFE WAS SET BY 3 YEAR OLD WHILE PLAYING WITH LIGHTER,

EX. 3

U. S. CONSUMER PRODUCT
SAFETY COMMISSION
ATLANTA SATELLITE OFFICE
401 WEST PEACHTREE STREET, N.W.,
SUITE 1600
ATLANTA, GEORGIA 30308
(404) 730-2870
(404) 730-2878 FAX



TO:

Ron Edwards, Claims Specialist, State Farm Ins. Co.

FAX #:

404-618-7783

FROM:

Jamie Barrett, Investigator, ATL-SC

DATE:

2-15-95

RE:

Cigarette lighter / ~~car~~ seat fire at home? ~~Marionetta, Ga.~~

PAGES:

1, + cover sheet

NOTES:

BT 4

950127HCC2030

U.S. CONSUMER PRODUCT SAFETY COMMISSION
Atlanta Satellite Office
401 W. Peachtree Street, NW, Suite 1600
Atlanta, Georgia 30308

Mr. Ron Edwards, Claims Specialist
State Farm Insurance
2103 New Market Parkway
Marietta, Georgia 30067

February 15, 1995

Dear Mr. Edwards:

The U.S. Consumer Product Safety Commission is involved in the study of injuries, accidents and complaints involving many consumer products. Information gathered from fire departments, medic21 examiners, gas companies, electric companies, insurance companies and coroners helps make us aware of product hazards and aids us in preventing product-related accidents and injuries.

We would appreciate your office providing the undersigned a copy of the following report:

Victim/Occupant:	Insurance	Report and photographs or any other
Address:		information available

Date of Incident: 12/27/94

Product of Involved: cigarette lighter and love seat

Any additional information that your office could provide will be appreciated. If there are any questions, please call me at (404)730-2870.

Sincerely,

Jimmie L. Barrett

Jimmie L. Barrett
Product Safety Investigator
Atlanta Satellite Office

EX-4



INVESTIGATION GUIDELINE

If lighter, specify type: ☐ Child-resistant ☐ Not child-resistant ☒ Unknown=

If match, specify type: ☐ Book ☐ Box ☐ Unknown

If heater, specify fuel source and distance from furniture:

_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

☒ Yes a No a Unknown

If yes, specify type: smoke

8. **Detector** went off (alarmed)?

☐ Yes ☐ No ☒ Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

10. About how soon was the fire discovered after ~~it~~ started? According to occupant - immediately

F. VICTIM(S)

0 Number of Deaths 0 Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

☐ Less than high school. ☐ High school ☒ Some College

12. Total household income:

☐ LT \$15,000 ☒ \$15,000 - \$34,999 a \$35,000 +

13. Approximate home market value: \$35-40,000 -According to property owner

☒ Rent U Own

General Description: Provide general description, including all other relevant factors and information on the **investigation** form.

Ex. 5



INVESTIGATION GUIDELINE

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES (To be attached to CPSC Form 182, Epidemiologic Investigation Report along with a copy of the Fire Incident Report)

Task Number 950127HCC2030 Incident Date 12/27/94

A. PRODUCT DESCRIPTION: ☐ Sofa/Couch ☐ Chair ☐ Sofa bed ☒ Other Love Seat

1. Was upholstered furniture slipcovered? 0 Yes ☒ No 1/ Unknown

2. Had it been reupholstered? ☐ Yes ☒ No ☐ Unknown

3. Manufacturer/Distributor/Brand unknown

4. Purchased: ☒ New ☐ Used ☐ Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: 12/9/94 Furniture Age 1½ weeks

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

unknown

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

0 Skirt 0 Seat cushion ☒ Inside back ☐ Inside arm

☒ Back 1- Side ☐ Underside ☐ Crevice

☐ Welt Cord 0 Tuft ☐ Other _____

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

☒ LT 5 yrs. old ☐ 5 - 14 ☐ 0 1 5 - 6 4 ☐ 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

☒ Lighter ☐ Match ☐ Candle ☐ Heater ☐ Fireplace

☐ Other (specify) _____

☐ Unknown

FLS

3 FEB 1995

8

1. CASE NUMBER 950201HWE5004		2. INVESTIGATOR'S ID 8320		EPIDEMIOLOGIC INVESTIGATION REPORT	
3. OFFICE CODE 860	4. DATE OF ACCIDENT 950122	5. DATE INITIATED 950202			
6. SYNOPSIS OF ACCIDENT OR COMPLAINT An upholstered couch ignited by a candle resulted in a structure fire that caused severe damage to an apartment occupied by two adults and a small child. The occupants escaped serious injury suffering at most smoke inhalation.					
7. LOCATION(Home,School,etc.) Home		8. CITY Antioch		9. STATE California, CA	
10A. FIRST PRODUCT Upholstered couch, 0679		10B. TRADE/BRAND NAME Unknown		10C. MODEL NUMBER Unknown	
10D. MANUFACTURER NAME AND ADDRESS Unknown					
11A. SECOND PRODUCT Candle		11B. TRADE/BRAND NAME Unknown		11C. MODEL NUMBER Unknown	
11D. MANUFACTURER NAME AND ADDRESS Unknown					
12. AGE OF VICTIM 027	13. SEX F, 2	14. DISPOSITION Treated and released, 1		15. INJURY DIAGNOSIS Smoke inhalation, 65	
16. BODY PART(S) INVOLVED All parts, 85	17. RESPONDENT Official documents, 3	18. TYPE OF INVESTIGATION Other, 3		19. TIME SPENT (Operational hours) 6.0 hours	
20. CATEGORY ID BUNN 25 1995		21. CASE SOURCE Newspaper, 05		22. SAMPLE COLLECTION NUMBER None	
23. PERMISSION TO DISCLOSE NAMES (Non Neiss Cases Only) YES: NO: X There is no signed document regarding the release of name					
24. REVIEW DATE 950210	25. REVIEW BY 8101		26. REGIONAL OFFICE DIRECTOR		
27. DISTRIBUTION O:EPDS CC:SFRO					

Victim #2:

12. 003; 13. F, 2; 14. Treated and released, 1; 15. Smoke inhalation, 65; 16. All parts, 85.

Victim #3:

12. 030; 13. M, 1; 14. Treated and released, 1; 15. Smoke inhalation, 65; 16. All parts, 85.

Victim #4:

12. 020; 13. M, 1; 14. Treated and released, 1; 15. Smoke inhalation, 65; 16. All parts, 85.

The contents of this report are based on the fire report and on the newspaper account. To note: The fire report narrative states that five persons were treated for smoke inhalation, the report only lists four, the reason probably being that only four were transported to hospital emergency (via ambulance).

PRE EVENT:

Scene of the event is a second story apartment in a rather large complex of separated two-story apartment house buildings located in a suburban area of a large city. At the time of the event, the apartment was occupied by three persons -- two adults and a three-year old child. Someone, possibly the electric company, had turned the electricity off to the apartment two days prior. The occupants were using candles for light. One such candle was on a clock behind a sofa which was next to the front door.

DURING:

The gentleman of the household left the clock candle-burning when he retired on this one Saturday night. On the next morning at about 04:30 fire broke out in the apartment. The smoke detector remained silent. Someone called the fire department, and they quickly responded. A neighbor kicked in the front door and extinguished the fire. But there was heavy smoke at the front door, and the occupants (there were three) couldn't get out. Some went out a bedroom window, perhaps all three even, but exactly how is not all that clear. We do know that one of the adults, a woman, was able to exit when the fire department arrived; they put a ladder to the window, and down she went. The other adult, a man, might have jumped. Four persons were taken by ambulance to emergency; they suffered smoke inhalation, but not seriously. A fifth person, unidentified, apparently suffered smoke inhalation but was treated on site and released.

POST EVENT:

--

Fire fighters traced the fire origin to the area just behind the front door sofa. Through an interpreter (the occupants didn't speak

English), on-site fire personnel learned of the electricity and candle problem, and that one of the candles had been on a clock just behind the sofa. -That one, the guilty candle, had either fallen over or burned down to the bottom, and in so doing had touched off the fabric of the sofa. The heavy front-door smoke which had prevented the occupants from exiting in the normal manner, was due to burning foam rubber cushions.

FOLLOW-UP:

I traveled to the apartment house complex and spoke with the property manager. He told me that the burned-out couch had remained outside on the premises, for some two weeks after the event. Then, collectors took it to the local dump. The office manager told me that the apartment occupants had left the territory for parts unknown; that the property manager had tried unsuccessfully to locate them regarding some type of financial settlement that was of interest to the apartment house owners.

VICTIMS:

The firereport lists four victims. They are a 27 year-old woman, a three-year old girl, a thirty-year old man, and a 29 year-old woman.

PRODUCT DESCRIPTION:

There were two products, both unidentified. The first was an upholstered couch, the other a candle.

SAMPLES COLLECTED:

None

STANDARDS INFORMATION:

No information is available on the products.

LIST OF EXHIBITS:

Exhibit: Fire report, 5 pages.

INVEST. GUIDELINES

NEWS CLIP

SECTION A

CALIFORNIA FIRE INCIDENT REPORTING SYSTEM

INCIDENT REPORT

CONTRA COSTA COUNTY FIRE DEPT.

FDID

07090

CORRECTIONS

INCIDENT

NUMBER

95-001966-000

MULTI-AGENCY

INCIDENT NO.

INCIDENT DATE	01/22/95	DISPATCH TIME	0436.00	ARRIVAL TIME	0440.00	END TIME	0559.00	ADD'L DAYS	00	FIRST IN COMPANY	E83	DISTRICT	83ARN
SITUATION(S) #1	#2	#3	#4	AUTOMATIC OR MUTUAL AID	8	METHOD OF ALARM	7	TYPE WEATHER		AIR TEMPERATURE	000	PROPERTY MANAGEMENT	1
INCIDENT ADDRESS/LOCATION													
ROOM/APARTMENT	38	ZIP CODE	94509	CENSUS TRACT	0000.00	FIRE HAZARD SEVERITY ZONE							
TOTAL FIRE SERVICE PERSONNEL RESPONDED				Career	0023	Vol.	0000	NO. APPARATUS RESPONDED		Engine	005	Truck	02
CODE		NAME		Rescue Med.		00		Other		02			
TE				TELEPHONE									
ADDRESS/CITY										STATE		ZIP CODE	
SAME										CA		94509	
CODE		NAME		TELEPHONE									
TE				DAUGHTER									
ADDRESS/CITY										STATE		ZIP CODE	
SAME										CA		94509	
GENERAL PROPERTY U S E		42		SPECIFIC PROPERTY USE		4280		BUILDING CODE		R3		STRUCTURE TYPE	
												STRUCTURE STATUS	
												OCCUPIED AT TIME OF INCIDENT	
												1	
FOR TYPE		Vehicle		State		Year		Make					
MOBILE		License No.											
PROPERTY INVOLVED		Model											
		Vehicle Identification No.											
				Drivers License No.								State	

SECTION B

FIRES

TYPE of ACTION(S) TAKEN	#1	x2	#3	#4	FIRE ORIGIN	Area	14	Level	A02	Horizontal Distance From	FORM OF HEAT	66	IGNITION FACTOR	35
SEX	AGE	30	SEX	AGE	27	MATERIAL FIRST IGNITED	Type	71	Form	21	CONTRIBUTING FACTOR(S)	#1 8 2	METHOD OF EXTINGUISHMENT	3
ESTIMATED PROPERTY LOSS		20,000		ESTIMATED CONTENTS LOSS		5,000		FUEL MODEL		ACRES BURNED				
EQUIPMENT Type		Model		Year										
INVOLVED IN IGNITION		Make		Serial No.										

SECTION C

STRUCTURE FIRES

CONSTRUCTION TYPE	5	ROOF COVERING	4	NUMBER OF STORIES	02	EXTENT OF DAMAGE	Flame	2	Smoke	4
MATERIAL GENERATING MOST SMOKE		Type	51	Form	21	AVENUE OF SMOKE TRAVEL	7	DETECTION SYSTEM	Type	1
EXTINGUISHING SYSTEM		Type	98	Performance	Reason for Failure	SPRINKLER HEAD(S)	Type	Number Activated		

SECTION D

CASUALTIES

FIRE SERVICE CASUALTY	Injuries	0	0	0	Fatalities	0	0	0	NON-FIRE SERVICE FIRE CASUALTY	Injuries	004	Fatalities	000
-----------------------	----------	---	---	---	------------	---	---	---	--------------------------------	----------	-----	------------	-----

SECTION E

E.M.S.

NUMBER OF PATIENTS	HIGHEST LEVEL OF CARE CAPABLE OF BEING PROVIDED ON SCENE	Fire	Other	HIGHEST LEVEL of CARE PROVIDED ON SCENE	Firs	other
E.M.S. TYPE OF SITUATIONS FOUND	#1	#2	83	#4	I NO. OF PATIENTS TRANSPORTED	By
					Fire Dept.	Pvt. A m b
					Coroner	Other

SECTION F

HAZ MAT

OES CTRL NUMBER	HA2 MAT RELEASE	Area	Level	RELEASE #1	82	#3	#4	CONTRIBUTING FACTOR(S)	#1 8 2
EST. NO. CHEMICALS RELEASED	TYPE OF EQUIPMENT INVOLVED IN RELEASE	HAZ MAT #1 ACTION(S) TAKEN	82	#3	84	DISPOSITION OF INCIDENT			
HAZ MAT I.D. SOURCES	Personnel	Reference Material	#1	#2	FIRE SERVICE HAZ MAT CASUALTY	Injuries	Fatalities	NON-FIRE SERVICE HAZ MAT CASUALTY	Injuries
CHEMICAL OR TRADE NAME		DOT I.D. NO.		DOT HAZARD CLASS		CAS NO.			
PHYSICAL STATE		QUANTITY RELEASED		UNIT OF MEASURE		EXTENT OF RELEASE		SUSPECTED ENVIRONMENTAL CONTAMINATION	
CONTAINER		Description Use		Feature		Capacity		UNIT OF MEASURE	
Type									

SECTION G

OTHER

SPECIAL STUDIES: Local

Statewide

TYPE OF ACTION(S) TAKEN	#1	#2	#3	#4	1a	b	c	d	2a	b	c	d	3a	b	c	d	4a	b	c	d	5a	b	c	d	6a	b	c	d
-------------------------	----	----	----	----	----	---	---	---	----	---	---	---	----	---	---	---	----	---	---	---	----	---	---	---	----	---	---	---

MEMBER MAKING REPORT
DAVIS RONALD

DATE

REVIEWED BY
DAVIS RONALD

950201HWE5004

CONTRA COSTA COUNTY FIRE DEPT./07090
INCIDENT 95001966-000
PAGE NO. 2
INDEX OF 901 CODES

A SITUATIONS FOUND

1 - FIRE, EXPLOSION
11 - STRUCTURE FIRE
AUTOMATIC OR MUTUAL AID
8 - NO AUTOMATIC/MUTUAL AID
METHOD OF ALARM
7 - SOURCE CODES 71 THRU 81
WEATHER
PROPERTY MANAGEMENT
1 - PRIVATE TAX-PAYING PROPERTY
GENERAL PROPERTY USE
4 - RESIDENTIAL
42 - MULTI-FAMILY RESIDENTIAL
SPECIFIC PROPERTY USE
4 - RESIDENTIAL
42 - APARTMENTS, TENEMENTS, FLATS
-428 - OVER 20 UNITS
BUILDING CODE OCCUPANCY TYPE
R3 - DWELLING, LODGING HOUSE
STRUCTURE TYPE
1 - BUILDING WITH ONE SPECIFIC PROPERTY USE
STRUCTURE STATUS
2 - IN USE WITH FURNISHINGS IN PLACE, ROUTINELY USED
OCCUPIED AT TIME OF INCIDENT
1 - YES

B TYPE OF ACTIONS TAKEN

11 - RESCUE, VENTILATION, EXTINGUISH, SALVAGE, OVERHAUL
FIRE ORIGIN
AREA
1 - ASSEMBLY, SALES AREAS
14 - LOUNGE AREA
FORM OF HEAT OF IGNITION
6 - HEAT FROM OTHER OPEN FLAME, SPARKS OR SMOKING MAT.
66 - CANDLE, TAPER
IGNITION FACTOR
3 - MISUSE- OF HEAT OF IGNITION
35 - HEAT SOURCE TOO CLOSE TO COMBUSTIBLES
MATERIAL FIRST IGNITED
TYPE OF MATERIAL
7 - FABRIC, TEXTILE, FUR
71 - MAN-MADE FABRIC, FIBER, FINISHED GOODS
FORM OF MATERIAL
2 - FURNITURE, UTENSILS
21 - UPHOLSTERED SOFA, CHAIR, VEHICLE SEATS

CONTINUED...

950201HWE 5004

CONTRA COSTA COUNTY FIRE DEPT./07090
INCIDENT 95001966-000
PAGE NO. 3
-INDEX OF 901 CODES .

. CONTRIBUTING
FACTOR
2' - ACTS OR OMISSIONS
212 --CARELESS ACT
METHOD OF EXTINGUISHMENT
3 - PORTABLE EXTINGUISHER
C CONSTRUCTION TYPE
5 - TYPE V (WOOD FRAME)
ROOF COVERING
4 - WOOD SHAKES/SHINGLES (UNTREATED) -- .
EXTENT OF DAMAGE
FLAME
2 - CONFINED TO PART OF ROOM OR AREA OF ORIGIN
SMOKE.
4 - CONFINED TO FIRE DIVISION COMPARTMENT OF ORIGIN
MATERIAL GENERATING MOST SMOKE
TYPE OF MATERIAL
5 - NATURAL PRODUCT
51 - RUBBER
FORM OF MATERIAL . .
2 - FURNITURE, UTENSILS
21 - UPHOLSTERED SOFA, CHAIR, VEHICLE SEATS
AVENUE OF SMOKE TRAVEL
7 - DOORWAY, PASSAGEWAY
DETECTION SYSTEM
TYPE
1 - SMOKE DETECTOR, IONIZATION PRINCIPLE
POWER SUPPLY
1 - BATTERY ONLY
PERFORMANCE
3 - IN ROOM/SPACE OF FIRE: ORIGIN, DID NOT OPERATE
REASON FOR FAILURE
4 - INADEQUATE MAINTENANCE
EXTINGUISHING SYSTEM
TYPE
98 - NONE
PERFORMANCE
REASON FOR FAILURE
SPRINKLER HEADS
TYPE

950201HWE5009

'CONTRA COSTA COUNTY FIRE DEPT./07090
INCIDENT 95001966-000
-PAGE NO. 4
NON-FIRE SERVICE FIRE CASUALTY REPORT

FDID 07090 INCIDENT NUMBER 95001966000 MULTIAGENCY NO
INCIDENT ADDRESS/LOCATION [REDACTED]
ROOM/APARTMENT 38 ZIP CODE 94509
INCIDENT DATE 01/22/95 DISPATCH TIME 0436.

CASUALTY NUMBER 001
SEX (F) DATE OF BIRTH / / AGE (27)
CODE TE NAME [REDACTED] PHONE [REDACTED]
ADDRESS/CITY [REDACTED] STATE CA ZIP 94509
CASUALTY DATE 01/22/95 CASUALTY TIME 0436 SEVERITY 1.
AFFILIATION 5 FAMILIARITY 0 LOCATION AT IGNITION 2 CONDITION BEFORE 1
CONDITION PREVENTING ESCAPE 2 ACTIVITY 6 CAUSE 2 SYMPTOM 03
PART(S) OF BODY AFFECTED 53 DISPOSITION 2

CASUALTY NUMBER 002
SEX (F) DATE OF BIRTH / / AGE (03)
CODE TE NAME [REDACTED] DAUGH PHONE [REDACTED]
ADDRESS/CITY [REDACTED] STATE CA ZIP 94509
CASUALTY DATE 01/22/95 CASUALTY TIME 0436 SEVERITY 1
AFFILIATION 5 FAMILIARITY 0 LOCATION AT IGNITION 3 CONDITION BEFORE 1
CONDITION PREVENTING ESCAPE 2 ACTIVITY 6 CAUSE 2 SYMPTOM 03
PART(S) OF BODY AFFECTED 53 DISPOSITION 2

CASUALTY NUMBER 003
SEX (M) DATE OF BIRTH / / AGE (30)
CODE TE NAME [REDACTED] BOY FRIEND PHONE [REDACTED]
ADDRESS/CITY [REDACTED] STATE CA ZIP 94509
CASUALTY DATE 01/22/95 CASUALTY TIME 0436 SEVERITY 1 --
AFFILIATION 5 FAMILIARITY 0 LOCATION AT IGNITION 3 CONDITION BEFORE 1
CONDITION PREVENTING ESCAPE 2 ACTIVITY 6 CAUSE 2 SYMPTOM 03
PART(S) OF BODY AFFECTED 53 DISPOSITION 2

CASUALTY NUMBER 004
SEX (M) DATE OF BIRTH / / AGE (29)
CODE PT NAME [REDACTED] SMOKE INH PHONE [REDACTED]
ADDRESS/CITY [REDACTED] ANT STATE CA ZIP 94509
CASUALTY DATE 01/22/95 CASUALTY TIME 0436 SEVERITY 2
AFFILIATION 5 FAMILIARITY 0 LOCATION AT IGNITION 6, CONDITION BEFORE 0
CONDITION PREVENTING ESCAPE 8 ACTIVITY 2 CAUSE 2 SYMPTOM 03
PART(S) OF BODY AFFECTED 53 DISPOSITION 2

MEMBER MAKING REPORT
2977'3 DAVIS RONALD

REVIEWER
29773 DAVIS RONALD'

S I G N A T U R E _____

SIGNATURE _____

950201 HwE 5004

CONTRA COSTA COUNTY FIRE DEPT./07090
INCIDENT 95001966-000
PAGE NO. 5
NARRATIVE - CONFIDENTIAL

WE RESPONDED TO A APARTMENT FIRE AT [REDACTED] WE WERE ADVISED BY DISPATCH THAT ONE OCCUPANT HAD JUMPED FROM THE WINDOW AND THAT THERE WAS OTHER PEOPLE INSIDE, AND DISPATCH SENT A SECOND ALARM. WHEN WE ARRIVED THERE WAS A WOMAN IN THE WINDOW AND BLACK SMOKE COMING OUT THE APT.. I SET UP I.C. AND HAD MY CREW PUT A LADDER UP TO REMOVE THE WOMAN. I HAD ENGINE 81 TAKE A ATTACK LINE IN THE FRONT DOOR OF #38 TO LOOK FOR OTHER VICTIMS AND PUT THE FIRE OUT. THE FIRE HAD BEEN PUT OUT BY NEIGHBORS WITH TWO DRY CHEMICAL EXTINGUISHERS. I CANCELLED THE SECOND ALARM AND TURNED I.C. OVER TO THE B.C..WE HAD FIVE SMOKE INHALATION VICTIMS AND WE STARTED-GIVING THEM O/2 AND TURNED THEM OVER TO PARAMEDICS. THERE WAS A LANGUAGE BARRIER WITH THE THREE APT. OCCUPANTS. THROUGH A INTERPRETER I FOUND OUT THAT THE APT. HAD HAD THE ELECTRICITY TURNED OFF ON THE 20TH AND THEY WERE USING CANDLES FOR LIGHT. THE FIRE STARTED BEHIND THE SOFA NEAR THE FRONT DOOR. THE THREE OCCUPANTS MR. [REDACTED], MIS. [REDACTED] AND HER BABY [REDACTED] WERE UNABLE TO GET OUT THE FRONT DOOR BECAUSE OF THE CHOKING SMOKE AND FIRE. THEY WENT OUT THE BACK BEDROOM WINDOW. MR. [REDACTED] SAID HE HAD A CANDLE ON A CLOCK BEHIND THE SOFA WHERE THE FIRE STARTED AND IT WAS LIGHT WHEN HE WENT TO SLEEP IN THE BEDROOM. ENG. 83 DID RESCUE, OVERHAUL, AND I.C.. WE LADDERED THE BUILDING TO REMOVE THE VICTIM, WE SET UP I.C., AND OVERHAULED THE FIRE, AND GAVE O/2 TO THE VICTIMS WE ALSO SET UP VENTILATION. I DID A SECONDARY SEARCH. ENG. 81 TOOK A JUMPLINE THROUGH THE FRONT DOOR AND DID PRIMARY SEARCH AND HELPED OVERHAUL, THEY ALSO HELPED WITH THE VICTIMS. TK.84 HELPED WITH OVERHAUL. I TURNED THE SCENE OVER TO THE THE APT. MAINTENANCE MAN, [REDACTED] AND HE SAID HE HAD SOME PLYWOOD TO COVER THE FRONT DOOR TO SECURE THE SCENE. THE FIRE STARTED BEHIND THE SOFA, BY THE CANDLE EITHER FALLING OVER OR BURNING DOWN AND STARTING THE FIRE. THE FOAM RUBBER CUSHIONS CAUSED THE CHOKING SMOKE. THE NEIGHBOR KICKED THE FRONT DOOR OPEN AND EXTINGUISHED THE FIRE. FOUR OF THE FIVE VICTIMS WENT IN THE AMBULANCE. THERE WAS APROX. \$20,000 DAMAGE TO THE APT. AND \$5,000 DAMAGE TO THE CONTENTS. I WAS UNSURE WHO DID WHAT AS TO THE NEIGHBORS BEFORE WE ARRIVED.

950201 HWE 5009



INVESTIGATION GUIDELINE

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES

(To be attached to CPSC Form 182, Epidemiologic Investigation Report
along with a copy of the Fire Incident Report)

Task Number 950201 HWE 5004 Incident Date 950122

A. PRODUCT DESCRIPTION: ☒ Sofa/Couch ☐ Chair ☐ Sofa bed ☐ Other _____

1. Was upholstered furniture slipcovered? ☐ Yes ☐ No ☒ Unknown .

2. Had it, been reupholstered? ☐ Yes ☐ No ☒ Unknown

3. Manufacturer/Distributor/Brand _____

4. Purchased: ☐ New ☐ Used , ☒ Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: _____ Furniture Age _____

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

☐ Skirt ☐ Seat cushion ☐ Inside back ☐ Inside arm

candle fell behind sofa
☐ Back ☒ Side ☐ Underside ☐ Crevice

☐ Welt Cord ☐ Tuft 0 Other _____

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

☐ LT5 yrs. old . ☐ 5 - 14 ☐ 15 - 64 ☐ 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

L i g h t e r . Match.. ☒ C a n d l e H e a t e r F i r e p l a c e

(s p e c i f y) _____

U n k n o w n

BUNN 25 1995

FS25004

950201 HW55004

Walnut Creek, CA
(Contra Costa Co.)
Contra Costa Times
(Cir. D. 85,000)
(Cir. S. 92,300)

JAN 24 1995

SIRENS

Bay Point

3569

Candle ignites couch inside apartment unit

Neighbors helped extinguish a fire in the living room couch of a [REDACTED] apartment, firefighters said.

At least three people suffered minor smoke inhalation in the 4:46 a.m. Sunday blaze at the [REDACTED] apartments, said Capt. Ron Davis of the Contra Costa Fire District. They were treated at the scene, he said.

Electricity to the apartment had been shut off, and the family was using candles for light, said Battalion Chief Dewey Savell.

A candle apparently ignited a living room couch and filled the apartment with smoke before neighbors with fire extinguishers could help put out the blaze, Savell said.

A 27-year-old woman, her boyfriend and 3-year-old daughter, who were in the second-story apartment at the time of the fire, escaped, Savell said. Firefighters used a ladder to help the woman out a window.

Fire and smoke caused an estimated \$20,000 to \$30,000 in damage to the apartment and \$5,000 to \$10,000 damage to its contents, fire officials said.

"They had the battery out of the smoke detector, so they didn't get

the warning they should have gotten," Savell said.

Jan 22,

1995

Fire Dept

Gearg rd

REPORT #

95-1966

DRIVE

7 MAY 1995

13

1 Case Number 950303HCC1072		2 Investigator ID 0970		3 Office Code 800		EPIDEMIOLOGIC INVESTIGATION REPORT	
4 Accident date 9 4 1 1 1 8		5 ID1 initiated 9 5 0 3 1 3					
6 Synopsis of Accident or complaint This investigation involved an upholstered furniture fire resulting from a 2 year old child playing with matches or a lighter. Six apartments suffered damages as a result of the fire. There were no deaths or injuries. There is no product information available about the fabric sofa involved in this investigation.							
7 Location Home 10				8 City Cheraw		9 state South Carolina SC	
10a First Product Fabric covered Sofa . 0679				11a Trade/Brand name/Model Unk			
10b Second Product Unk				11b Trade/Brand name/Model			
12 Age of Victim 999		13 Sex 9		14 Disposition 0 No Injury		15 Injury diagnosis 7D No Injury	
16 Body part 99 No Injury		17 Respondents Fire Officials 3		18 Investigation type Telephone 2		19 Time spent 9.0	
20 Attachments Multi 9		21 Case Source Newspaper 05		22 Reviewed by 8342 950511			
23 Permission to disclose names (Non-NEISS cases only) ___ CPSC may disclose my name _X_ CPSC may not disclose my name							
24 Narrative				25 Regional Director review date RDS/sm 5/12/95			

NOTE : This investigation involved a fire resulting from a child playing with matches or a lighter. Information in this report was provided by Housing Authority officials and the investigating fire officials. Efforts to contact the occupants were **unsuccessful**.

PRE-ACCIDENT

At around 8:30 a.m., on November 18, 1994, the female occupant, age estimated to be mid-thirties, and two children, ages estimated to be 2 and 3 years, were present in their rented apartment.. The apartment is a 1 bedroom, 1 story brick veneer, and is located in the center of a six unit complex owned by the Cheraw Housing Authority.

The mother was in the bedroom asleep, while the children were in the living room watching television.

ACCIDENT

Reportedly, the 2 year old child was playing with matches or a lighter and set the sofa in the living room area on fire.

POST ACCIDENT

The fire spread from the living room area, throughout the apartment, and up into the attic, **running over** each of the other apartments. A neighbor saw the smoke and flames, and roused the sleeping woman. She and her children left the apartment. Occupants of the other apartments were **alerted**, to make sure everyone got out of the buildings.

Due to the extent of the fire, the investigating fire officials were unable to determine whether the instrument of ignition was matches or a lighter. However there was no other heat source in the area of the fire origin. The point of the fire origin was identified as the sofa in the living room area of the apartment. Damage to the 6 apartments was estimated damages at \$50,000.

The occupant reported to the fire officials that a smoke detector in the apartment sounded. Smoke detectors in the other apartments were sounding when the fire officials arrived on the scene.

A copy of the fire report is included as Attachment 1. A copy of the Data Recording Sheet **for** Upholstered Furniture Fires is included as Attachment 2.

Efforts to contact the occupants were unsuccessful. There is no telephone listing, and there was no response to repeated written correspondence.

PRODUCT INFORMATION

The Housing Authority Maintenance Director reported that the product was a fabric-covered sofa. By the time **he arrived on the scene**, the fire department **was** extinguishing the blaze. He could not provide any additional information about the incident or the product.

The investigating fire officials could not provide any product information. The apartment was heavily damaged, **and** the sofa was totally destroyed. The contents of the apartment were destroyed or 'discarded immediately. No photographs were taken of the product.

STANDARD INFORMATION

There are no mandatory standards monitored by CPSC on upholstered furniture.

ATTACHMENTS

- 1 Fire Report
- 2 Data Recording Sheet for Upholstered Furniture Fires

 ! CHERAW FIRE DEPARTMENT - INCIDENT REPORT :

! AREA: TOWN	! SMOKE ALARM: YE6	! INCIDENT#: FA-030
! DATE: 11/18/94	! MONTH: NOVEMBER	! TIME OUT: 8:46
		! TIME IN : 10:15
! OWNER: CHERAW HOUSING AUTHORITY ! LOCATION: REDACTED		
! REPORTED BY: CONNIE CAMPBELL		
! TYPE: STRUCTURE (DWELLINGS)	! CATEGORY: P. STRUCTURE	
! CAUSE: JUVENILE FIREBETTER		
! DAMAGE: \$50000.00		
! ENGINES RESPONDED: #18, #20, #15		
! ENGINES USED: #18, #20, #16		
! EQUIPMENT USED: SCBA, LADDERS, HOOKS, FAN, LIGHTS		
! HOSE USED: 1-1", 2-1.5", 3" LINES		
! HYDRANT: JOHN MOTLEY DRIVE	! CONSTRUCTION: ONE STORY MASONRY	
! FIREMEN RESPONDED ON CALL: 20	! FULLTIME: 2	! CHIEF: 1 ! TOTAL: 2 3
! PERSONS INJURED: NONE		
! FIREFIGHTERS INJURED: NONE		
! LENGTH OF TIME OUT: 1:30	! DAY OF WEEK: FRIDAY	
! FULLTIME ON DUTY: MELTON, III - HUTSON		
! DRIVER6	! #18: HUTSON	! #20: MELTON, III
! #16: TAYLOR	! #11:	! #13:
		! #14:
		! #15:

REMARKS: INCIDENT ALSO INVOLVED APTS. #30, 32, 34, 38, 40 IN SAME COMPLEX.

ATTACHMENT 1
 950303HCC1072
 8978 1 OF 1



INVESTIGATION GUIDELINE

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES
(To be attached to CPSC Form 182, Epidemiologic Investigation Report
along with a copy of the Fire Incident Report)

Task Number 950303HCC1072 Incident Date 11/18/94

A. **PRODUCT DESCRIPTION:** ☒ Sofa/Couch ☐ Chair ☐ Sofa bed ☐ Other _____

1. Was upholstered furniture slipcovered? ☐ Yes ☐ No ☒ Unknown

2. Had it been reupholstered? ☐ Yes ☐ No ☒ Unknown

3. Manufacturer/Distributor/Brand UNK

4. Purchased: ☐ New ☐ Used ☒ Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: UNK Furniture Age UNK

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

UNK

B. **POINT OF FIRE IGNITION ON FURNITURE:** Describe where fire started on upholstered furniture.

☐ Skirt ☐ Seat cushion ☐ Inside back ☐ Inside arm

☐ Back ☐ Side ☐ Underside ☐ Crevice

☐ Waist Cord ☐ Tuft ☐ Other UNK

C. **AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION** (if appropriate): _____

☒ LT 5 yrs. old ☐ 5-14 ☐ 15-64 ☐ 65 +

D. **PRODUCT INVOLVED AS HEAT SOURCE AND TYPE** (Check):

☒ Lighter ☒ Match ☐ Candle ☐ Heater ☐ Fireplace

Other (specify) _____

☒ Unknown

ATTACHMENT 2

950303HCC1072

8978

1 OF 2



INVESTIGATION GUIDELINE

If lighter, specify type: ☐ Child-resistant ☐ Not child-resistant ☒ Unknown.

If match, specify type: ☐ Book ☐ Box ☒ Unknown

If heater, specify fuel source and distance from furniture:

_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

☒ Yes ☐ No ☐ Unknown

If yes, specify type: _____

8. Detector went off (alarmed)?

☒ Yes ☐ No ☐ Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

10. About how soon was the fire discovered after it started? UNK

F. VICTIM(S)

0 Number of Deaths 0 Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

☐ Less than high school ☐ High school ☐ Some College

12. Total household income:

☐ LT \$15,000 ☐ \$15,000 - \$34,999 ☐ \$35,000 +

13. Approximate home market value:

☒ Rent ☐ Own

General Description: Provide general description, including all other relevant factors and information on the investigation form.

ATTACHMENT 2
950303 HCC 1072
8978 2 OF 2

ACCIDENT INVESTIGATION REQUEST FORM

Document Number N4C-0317ADate of Incident 950103Category I.D. BUNN251995

Follow-up Requested

Hazard Analysis ☐Section 15 ☐

Type Follow-up Requested

Telephone Call ☐On-Site ☒Headquarters Contact Linda Smith, (301) 504-0470, extension 1275

Assignment Message

Please contact child's parents to find out the following:

- (1) What part of sofa ignited first?
- (2) If second hand, how long in possession?
- (3) How did child become involved with lighter?
- (4) Did lighter have safety feature?

Follow revised September 1994 guideline, "Upholstered Furniture Fires (For Open Flame Ignition Fires Only)."

Collect sample if possible, following page 9 of guideline for sample collection.

Describe incident scenario and verify child's age. Photograph and identify manufacturer, model number and brand name of all products involved (cigarette lighter and rots). Please obtain fire incident report-, medical, insurance and any other report of incident.

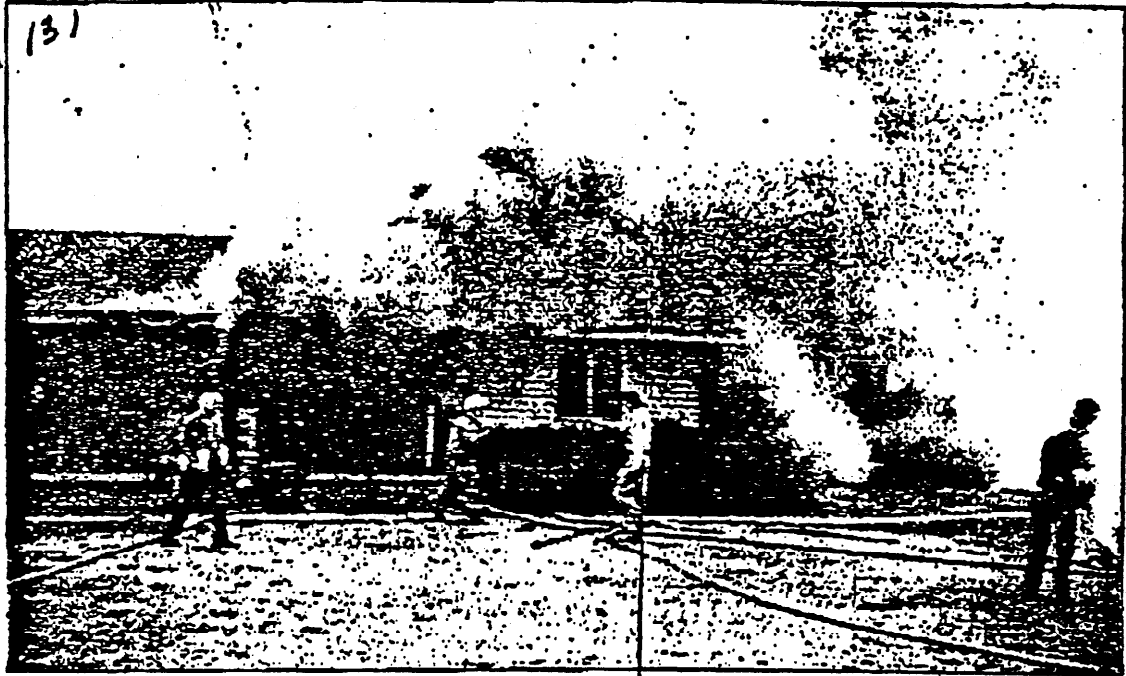
Person(s) to Contact occupants
Fire official

Guideline

Requested By J LANSINGTask Number 950303 HCC 1072Assigned to N4CODate 3/3/95

JAN -3

N4C-0317A

CLIPPING SERVICE
1175 HILLSBORO
RALEIGH, NC 27608
TEL (919) 833-3078CHRONICLE
CHERAW, S.C.

Firefighters, police officers look for more trouble spots as they work to douse flames. Mardy Jackson/Staff

Fire damages six apartments

Staff Report

A small child playing with a lighter accidentally began a fire last Friday that heavily damaged six apartments on [redacted] in Cheraw.

Firefighters received a call around 9 a.m., saying an apartment was in flames and children were inside.

They rushed to the fire, several officers and firefighters searching in vain in the thick smoke to find the two children. They were already outside, standing with friends and relatives.

Cheraw Fire Chief Donnie Baker said that the fire started at [redacted] which was rented by [redacted]. He said the child was in the living room playing with matches when he set the sofa on fire.

That apartment is located in the center of a building that has six apartments. The flames spread throughout the apartment and up into the attic, running over each of the other apartments.

Those who saw the flames, began beating on the



A distraught [redacted] is comforted by a friend.

See Fire page 2A

9503034CC1072

Fire

From Page 1A

doors of other apartments, trying to make sure everyone got out.

That included 75-year-old ~~XXXXXXXXXX~~ who had decided to sleep in that morning.

"I was in bed asleep. There was smoke and they were knocking on my door (hollering), 'Get out! Get out!'" she said.

She watched as flames shot out of the roof over her apartment and smoke rolled out of her front door, followed by a flood of water from fire hoses.

It didn't look there was much in her home that hadn't been damaged, but she was still grateful.

"As long as I'm out of there."

Chief Baker said that the fire caused at least \$40,000 damage. It was the second fire in as many weeks started by a child playing with fire.

"It's the adults' responsibility to make sure matches and lighters are not in the reach of children," he said.

P2072

950303 HCF 1072

4 MAY 1995

(13)
ok

1. CASE NO. 950303HCC2046			2. INVESTIGATOR'S ID 8 1 1 1			3. OFFICE CODE 8 3 0			EPIDEMIOLOGIC INVESTIGATION REPORT		
4. DATE OF ACCIDENT YR MO DAY 9 5 0 1 0 2			5. DATE INVESTIGATION INITIATED YR MO DAY 9 5 0 3 1 5								
6. SYNOPSIS OF ACCIDENT OR COMPLAINT On 1/2/95 at approximately 2215 hours (10:15PM) a house fire erupted when a child playing with a charcoal lighter ignited a sofa bed in the living room of his home. Four family members (ages 55 yrs., 10 yrs., 7 yrs., and 3 yrs.) died.											
7. LOCATION (Home, school, s w) Home (living room) 1 0 Meridian 13.m											
8. STATE Mississippi M S											
10A. FIRST PRODUCT Sofa Bed 0 6 8 0			11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS unknown								
10B. SECOND PRODUCT Charcoal lighter 1 2 4 7			11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS u n -								
12. AGE OF VICTIM 0 5 5			13. SEX (Use numerical code) MALE 1 FEMALE 2 UNKNOWN 3 2			14. DISPOSITION Dead at Scene 8			15. INJURY DIAGNOSIS Anoxia 6 5 Smoke inhalation		
16. BODY PART All 8 5			17. RESPONDENT(S) (Mother, Friend) Coroner, State Fire Marshal 3			18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 2 OTHER 3			19. TIME SPENT 0 4 0		
20. ATTACHMENTS Documents 2			21. CASE SOURCE Newspaper 0 5			22. REVIEWED BY 8 0 0 7			23. DATE 9 5 0 4 2 4		
24. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME <input type="checkbox"/> CPSC MAY NOT DISCLOSE MY NAME <input checked="" type="checkbox"/> X											
24. NARRATIVE (See instructions on Other Side)						25. REGIONAL OFFICE DIRECTOR REVIEW DATE					

Narrative begins on page 2.

USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY

Pre-Accident:

This fire incident resulted in multiple fatalities. The victims were described as follows: .

2. 1 55 year old female
3. 10 year old female
4. 7 year old male
5. 3 year old female

This fire incident occurred in a one-story, three bedroom, single family dwelling located in a low-income working class community of Meridian, Mississippi (Lauderdale County). The house was owned and occupied by a thirty-something year old couple, their three children, the owner's mother, and his thirty-something year old brother, who had just recently moved-in with the family.

On the evening of the fire, the insurance adjuster stated the family reported no unusual activities. The parents decided to attend a revival at their church. The grandmother was to stay with the children while the parents were at the church service. The brother was also at the home. The parents left, and the other family members remained at the residence, following their typical routine. They retired for bed around 9:30PM.

The front and rear exit doors of the residence were secured, and included the type of locks that require a key in order to be opened from either side. The windows were also secured. Additionally, a large overstuffed chair was placed directly in front of the front exit door. There was no smoke detector installed in the residence.

The State Fire Marshal investigation concluded that unknown to the other occupants, the 7 year old male went into the living room and began playing with a disposable charcoal lighter near the sofa bed while the other family members were sleeping.

Accident:

While playing with the charcoal lighter, the 7 year old ignited the sofa bed.

Post-Accident:

The State Fire Marshal concluded that after the sofa bed began to bum, the 7 year old may have attempted to "put out the fire" and sustained severe burns to his chest. He ran back to the children's bedroom ^{where} when he was found (dead) after the fire. The charcoal lighter was nearby.

The 55 year old grandmother, the 10 year old female, and the 3 year old female apparently were awoken, and attempted to exit the residence through the rear kitchen door, but were unsuccessful because of the lack of a key to unlock the door. All three were found on the floor in the kitchen. The four victims were dead at the scene due to smoke inhalation.

The owner's brother survived, but sustained serious burns. He was transported and admitted for hospitalization.

P r o d u c t Information:

Product	Sofa bed (15-20 yrs. old, poor condition according to ins. adjuster)
Mfr./Model No.	Unknown
Purchase Price	Unknown
Outer Fabric Covering	Upholstered Fabric
No. Removable Cushions	Unknown

No. Cushions Involved	Unknown
Filling Material	Unknown
Area 1st Ignited	U n k n o w n
Other Materials on Furniture	Unknown
Flammable Liq. Involvement	None

Attachments:

Please note-insurance report has been requested and will be forwarded, if received.

1. Data Sheet
- 2 State Fire Marshal's Report
- 3: Medical Examiner's Report
4. Assignment



INVESTIGATION GUIDELINE

Attachment A DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES (To be attached to CPSC Form 182, Epidemiologic Investigation Report along with a copy of the Fire Incident Report)

Task Number 950303HCC2046 Incident Date 1/2/95

A. PRODUCT DESCRIPTION: ☐ Sofa/Couch ☐ Chair ☒ Sofa bed ☐ Other _____

1. Was upholstered furniture slipcovered? ☐ Yes ☒ No ☐ Unknown

2. Had it been reupholstered? ☐ Yes ☐ No ☒ Unknown

3. Manufacturer/Distributor/Brand Unknown

4. Purchased: ☐ New ☐ Used ☒ Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: Unknown ture Age Unknown

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

Unknown

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire **started** on upholstered furniture.

Unknown
☐ Skirt ☐ Seat cushion ☐ Inside back ☐ Inside arm

☐ Back ☐ Side ☐ Underside ☐ 0 Crevice

☐ Welt Cord ☐ Tuft ☐ Other _____

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): 7 yrs.

☐ LT 5 yrs. old ☒ 5-14 ☐ 15 - 64 ☐ 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

☒ -tighter M a t c h C a n d l e ☐ Heater ☐ Fireplace

☐ Other (specify) _____

☐ Unknown



INVESTIGATION GUIDELINE

If lighter, specify type: ☐ Child-resistant ☐ Not child-resistant ☒ Unknown
If match, specify type: ☐ Book ☐ Box ☐ Unknown
If heater, specify fuel source and distance from furniture:

_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

☐ Yes ☒ No ☐ Unknown

If yes, specify type: _____

8. Detector went off (alarmed)? N/A

☐ Yes ☐ No ☐ Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

10. About how soon was the fire discovered after it started? Unknown

F. VICTIM(S)

4 Number of Deaths 1 Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household: Unknown

☐ Less than high school* ☐ High school ☐ Some College

12. Total household income: Unknown

☐ LT \$15,000 ☐ \$15,000 - \$34,999 ☐ \$35,000 +

13. Approximate home market value: \$50,000

☐ Rent ☒ Own

General Description: Provide general description, including all other relevant factors and information on the investigation form.

State of Mississippi
Department of Insurance
Office of the Fire Marshal

SUPPLEMENTS

DEATHS

55 YOA W/F

9 YOA W/F

7 YOA W/M

3 YOA W/F

INJURED: _____ BROTHER TO OWNER

'This fire is classified as "accidental". The investigation revealed the area of origin of the fire was the roll away couch/bed located against the wall to the right as you enter the front entrance. The source of ignition is believed to be the charcoal lighter that was located in the hall at the entrance of the first bedroom on the left as you go down the hall. It is suggested that the children were possibly playing with the lighter and got the couch on fire. The burns on the young male victim were concentrated on his chest, none other were visible. His body was located in the bunk room where the charcoal lighter was located. The other children had factual burns in addition to severe first and second degree burns over the rest of their bodies suggesting that the young boy was first at the scene then ran to his room where he was located. The two girls were located at the door leading from the carport. It should be noted that the front door had an over stuffed chair blocking exit this way. All of the doors had hasp and locks on the inside preventing exiting without a key for these type locks. (See Photo Log) The damage to the structure was very minimal. A follow-up investigation should be done to ascertain the reason for the doors to have these type locks that prevented the safe escape of danger from fire.

Post Mortem Examination was conducted for the four victims., The cause of death for all was smoke inhalation. The manner of death for all will be ruled by the Lauderdale County coroner, Morl Cobler.

GM/pj

DATE

Deputy Fire Marshal

Diagram X Photo **LogX** , Lab Report Statement . Vehicle Fire

File No. 95-00:

- idence recovered

SIGNATURE (DFM)



STATE
MEDICAL
EXAMINER

REPORT OF DEATH INVESTIGATION

950303HCC2046 attachment #3

Central Office Use Only

2-3-95

(Date of Receipt)

1-1-95

(DOD Code)

(COD Code)

DECEDENT:

(First Name)

(Middle Name)

(Last Name)

(Jr., Sr., III, etc.)

ADDRESS

(Number & Street or Route, Box No.)

Meridian, Mississippi

(City, State)

Lauderdale

(County)

5890-3781-003

(ME Case Number)

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

AGE <u>55</u>	SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Undetermined	CLOTHING <input type="checkbox"/> Clothed <input type="checkbox"/> Partly Clothed <input checked="" type="checkbox"/> Unclothed	BODY TEMPERATURE <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold	BLOOD <input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Mouth <input checked="" type="checkbox"/> Ears <input checked="" type="checkbox"/> Clothing <input type="checkbox"/> None	FROTH <input type="checkbox"/> Present <input type="checkbox"/> Absent	OCCUPATION TYPE OF WORK:
DATE OF BIRTH <u>1/1</u>	HEAD-HAIR <input type="checkbox"/> None <input type="checkbox"/> Partly Bald <input type="checkbox"/> Blonde <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> White OTHER HAIR <input type="checkbox"/> Mustache <input type="checkbox"/> Beard	EYES: Color R. L. WEIGHT: LENGTH:	RIGOR (Circle degree) <input checked="" type="checkbox"/> Neck <input checked="" type="checkbox"/> 1+ <input checked="" type="checkbox"/> 2+ <input checked="" type="checkbox"/> 3+ <input checked="" type="checkbox"/> Arms <input checked="" type="checkbox"/> 1+ <input checked="" type="checkbox"/> 2+ <input checked="" type="checkbox"/> 3+ <input checked="" type="checkbox"/> Legs <input checked="" type="checkbox"/> 1+ <input checked="" type="checkbox"/> 2+ <input checked="" type="checkbox"/> 3+	OTHER (Dirt, water, etc.) <input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Mouth <input checked="" type="checkbox"/> Ears <input type="checkbox"/> None	INDUSTRY:	
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown	RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	MISCELLANEOUS: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Circumcised	LIVOR Color Fixed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Lateral	DECOMPOSITION <input type="checkbox"/> Early <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> None	<input type="checkbox"/> No Occupational Info.	

INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES (Home, farm, highway, hospital, etc.)
INJURY OR ONSET OF ILLNESS	1/1	9:45pm		Laud.	ON THE JOB? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residence
LAST SEEN ALIVE			(By whom: Name and Address)		
DEATH	1/1	9:45pm		Laud.	Residence
FOUND DEAD BY			(By whom: Name and Address or Title)		
POLICE NOTIFIED	1/1	9:54pm	POLICE AGENCY: 911 + LCSD + Metro Ambulance + County Fire Depts.	OFFICER:	
CORONER/M.E. NOTIFIED	1/1	10:09pm	(By whom: Name and Address) Lauderdale Sheriff Dispatcher		
VIEW OF BODY	1/1	10:24pm	(Name) (Address) Meridian, Mississippi		<input type="checkbox"/> Not Viewed
WITNESS TO INJURY OR ILLNESS AND DEATH					BLOOD SAMPLE DRAWN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Why not? Autopsy

MANNER OF DEATH

☐ NATURAL ☐ HOMICIDE ☒ ACCIDENT ☐ SUICIDE ☐ UNKNOWN ☐ PENDING

MEDICO-LEGAL

PROBABLE CAUSE OF DEATH:

AUTOPSY AUTHORIZED:

☒ Yes ☐ No

PATHOLOGIST:

Dr. Steven T. Hayne

Contributing factor:

OTHER AUTOPSY DONE:

☐ Yes ☒ No

M.S.M.E.

IS DECEDENT AN ORGAN DONOR?

☐ Yes

☒ No (Please ask family when at all possible)

☐ Kidney

☐ Eye

☐ Any Needed Organ

IF Donor, Did You Notify Transplant Team? ☐ Yes ☐ No

Send original to the State Medical Examiner. Copies must be forwarded to County Clerk of Court

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with the Mississippi Code Annotated, and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Mark E. Kohler
(Signature of Coroner or Medical Examiner)

1/1/95 Lauderdale. 38-01
(Date Signed) (County) (Year Number)

REASON FOR ASSUMING MEDICAL EXAMINER JURISDICTION (Check ONE only)

☐ HOMICIDE ☒ ACCIDENT ☐ POISONING ☐ POLICE CUSTODY ☐ PUBLIC HEALTH ☐ SURGICAL/ANESTHETIC
☐ SUICIDE ☐ DISASTER ☐ UNKNOWN ☐ STATE HAZARD PROCEDURE
☐ TRAUMA ☐ VIOLENT OR SUSPICIOUS ☐ LOCAL/OTHER ☐ SUDDEN/UNEXPECTED ☐ UNATTENDED

MEANS OF DEATH (Agency or Object) - IF DEATH OTHER THAN NATURAL

IF MOTOR VEHICLE INVOLVED: ☐ Driver ☐ Lap Belt Used ☐ Hit-Run ☐ Passenger Car ☐ Farm Vehicle
 ☐ Passenger ☐ Shoulder Belt Used ☐ Non-Highway ☐ Truck ☐ Other _____
 ☐ Pedestrian ☐ Crash Helmet Worn ☐ Motorcycle _____
 ☐ Other _____ ☐ Motorbike _____

IF GUN: ☐ Rifle - Cal. _____ ☐ Stippling ☐ Oblong ☐ Head ☐ Buttocks ☐ Upper Arms
 ☐ Handgun - Cal. _____ ☐ Smudging ☐ Stellate ☐ Neck ☐ Thighs ☐ Lower Arms
 ☐ Shotgun - Gau. _____ ☐ Abrasion Collar ☐ Surg. Treated ☐ Chest ☐ Lower Legs ☐ Hands
 ☐ Unknown Type ☐ Round ☐ Other ☐ Abdomen ☐ Feet ☐ Other

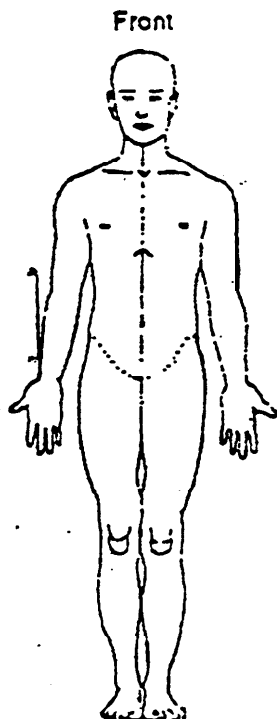
IF INSTRUMENT: What Kind: _____ Type & Location of Injuries: _____
 ☐ Blunt _____
 ☐ Sharp ☐ Unknown Kind _____

IF DRUG, POISON, CHEMICAL (Suspected): ☐ Alcohol REMARKS/SYMPTOMS: ☐ Ingested ☐ Topical
 ☐ Other Drugs _____ ☐ Injected ☐ Other
 Chemical or Poison _____ ☐ Inhaled ☐ Unknown
 (Specify by Name) _____
 ☐ Unknown _____

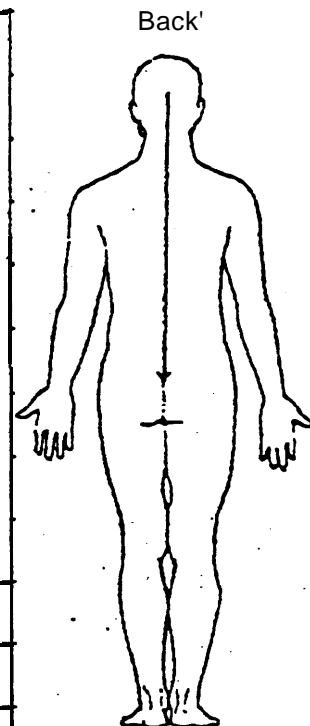
MEDICAL HISTORY

Condition: ☐ Alcoholism ☐ Fractures Doctor: _____
 ☐ Cancer ☐ Heart Disease Where treated: _____
 ☐ Diabetes ☐ Seizure (specify) Medications: _____
 ☐ Drug Abuse ☐ Other (specify) _____
 ☐ Lung Disease _____

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):



This 55 year old' white female was trapped in a house fire. She was found on the kitchen, floor after the fire 'had been put out. She was pronounced dead at the scene. Mississippi State. Fire M&shall ordered the autopsy.



Next of Kin:

Funeral Home: Ott & Lee Funeral Home, Forest, MS



STATE
MEDICAL
EXAMINER

DEATH INVESTIGATION

2-3-95

(Date of Receipt)

1-1-95

(DOD Code)

DECEDENT:

(First Name)

(Middle Name)

(Last Name)

(Jr., Sr., III, Etc.)

(COD Code)

ADDRESS:

(Number & Street or Route, Box No.)

Meridian, Mississippi

Lauderdale

(City, State)

(County)

5889-3780-00

(ME Case Number)

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

AGE <u>3</u>	SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Undetermined	CLOTHING <input type="checkbox"/> Clothed <input type="checkbox"/> Partly Clothed <input checked="" type="checkbox"/> Unclothed	BODY TEMPERATURE <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold	BLOOD <input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Mouth <input checked="" type="checkbox"/> Ears <input checked="" type="checkbox"/> Clothing <input type="checkbox"/> None	FROTH <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	OCCUPATION TYPE OF WORK:
Date of Birth <u>1</u> / <u>1</u> / <u>I</u>	HEAD-HAIR <input type="checkbox"/> None <input type="checkbox"/> Partly Bald <input type="checkbox"/> Blonde <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> White <input type="checkbox"/> Mustache <input type="checkbox"/> Beard	EYES: Color _____ R. _____ L. _____ WEIGHT: _____ LENGTH: _____	RIGOR (Circle degree) <input checked="" type="checkbox"/> Neck <input checked="" type="checkbox"/> 1- <input checked="" type="checkbox"/> 2- <input checked="" type="checkbox"/> 3+ <input checked="" type="checkbox"/> Arms <input checked="" type="checkbox"/> 1- <input checked="" type="checkbox"/> 2- <input checked="" type="checkbox"/> 3+ <input checked="" type="checkbox"/> Legs <input checked="" type="checkbox"/> 1- <input checked="" type="checkbox"/> 2- <input checked="" type="checkbox"/> 3+ LIVOR Color _____ Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Lateral	OTHER (Dirt, water, etc.) <input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Mouth <input checked="" type="checkbox"/> Ears <input type="checkbox"/> None	INDUSTRY:	
MARITAL STATUS: <input type="checkbox"/> Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown	RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	MISCELLANEOUS: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Circumcised	DECOMPOSITION <input type="checkbox"/> Early <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> & None			<input type="checkbox"/> No Occupational Info

INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES (Home, farm, highway, hospital, etc.)
INJURY OR ONSET OF ILLNESS	1/1	9:45pm	[REDACTED]	Laud.	ON THE JOB? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residence
LAST SEEN ALIVE			(By whom, name and address)		
DEATH	1/1	9:45pm	[REDACTED]	Laud.	Residence
FOUND DEAD BY			(By whom, name and address or time)		
POLICE NOTIFIED	1/1	9:54pm	POLICE AGENCY: 911 + LCSD + Metro Ambulance + County Fire Depts.	OFFICE:	
CORONER/M.E. NOTIFIED	1/1	10:09pm	(By whom, name and address) Lauderdale Sheriff Dispatcher		
VIEW OF BODY	1/1	10:24pm	[REDACTED]		<input type="checkbox"/> Not Viewed
WITNESS TO INJURY OR ILLNESS AND DEATH			(Name) (Address)		BLOOD SAMPLE DRAWN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Why not? Autopsy

MANNER OF DEATH

<input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PENDING	PROBABLE CAUSE OF DEATH: 1. Smoke Inhalation. 2. Due to: Trapped in house fire. Contributing factor: _____	I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with the Mississippi Code Annotated, and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief. [Signature] (Signature of Coroner or Medical Examiner)
MEDICO-LEGAL AUTOPSY AUTHORIZED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PATHOLOGIST:	OTHER AUTOPSY DONE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	M.S.M.E. 1/1/95 Lauderdale 38-01 (Date Signed) (County) (Your Number)
IS DECEDENT AN ORGAN DONOR? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Please ask family when at all possible) <input type="checkbox"/> Kidney <input type="checkbox"/> Eye <input type="checkbox"/> Any Needed Organ IF Donor, Did You Notify Transplant Team? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Send original to the State Medical Examiner. Copies must be forwarded to County Clerk of Court

REASON FOR ASSUMING MEDICAL EXAMINER JURISDICTION (Check ONE only)

- | | | | | | |
|-----------------------------------|--|--|---|--|--|
| <input type="checkbox"/> HOMICIDE | <input checked="" type="checkbox"/> ACCIDENT | <input type="checkbox"/> POISONING | <input type="checkbox"/> POLICE CUSTODY | <input type="checkbox"/> PUBLIC HEALTH | <input type="checkbox"/> SURGICAL/ANESTHETIC |
| <input type="checkbox"/> SUICIDE | <input type="checkbox"/> DISASTER | <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> STATE | <input type="checkbox"/> HAZARD | <input type="checkbox"/> PROCEDURE |
| <input type="checkbox"/> TRAUMA | <input type="checkbox"/> VIOLENT | <input type="checkbox"/> OR SUSPICIOUS | <input type="checkbox"/> LOCAL/OTHER | <input type="checkbox"/> SUDDEN/UNEXPECTED | <input type="checkbox"/> UNATTENDED |

MEANS OF DEATH (Agency or Object) - IF DEATH OTHER THAN NATURAL

- | | | | | | |
|------------------------------------|-------------------------------------|---|--------------------------------------|--|---------------------------------------|
| IF
MOTOR
VEHICLE
INVOLVED | <input type="checkbox"/> Driver | <input type="checkbox"/> Lap Belt Used | <input type="checkbox"/> Hit-Run | <input type="checkbox"/> Passenger Car | <input type="checkbox"/> Farm Vehicle |
| | <input type="checkbox"/> Passenger | <input type="checkbox"/> Shoulder Belt Used | <input type="checkbox"/> Non-Highway | <input type="checkbox"/> Truck | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Crash Helmet Worn | | <input type="checkbox"/> Motorcycle | |
| | <input type="checkbox"/> Other | | | <input type="checkbox"/> Motorbike | |

- | | | | | | | |
|-----------|---|--|--|----------------------------------|-------------------------------------|-------------------------------------|
| IF
GUN | <input type="checkbox"/> Rifle - Cal. _____ | <input type="checkbox"/> Stippling | <input type="checkbox"/> Oblong | <input type="checkbox"/> Head | <input type="checkbox"/> Buttocks | <input type="checkbox"/> Upper Arms |
| | <input type="checkbox"/> Handgun - Cal. _____ | <input type="checkbox"/> Smudging | <input type="checkbox"/> Stellate | <input type="checkbox"/> Neck | <input type="checkbox"/> Thighs | <input type="checkbox"/> Lower Arms |
| | <input type="checkbox"/> Shotgun - Gau. _____ | <input type="checkbox"/> Abrasion Collar | <input type="checkbox"/> Surg. Treated | <input type="checkbox"/> Chest | <input type="checkbox"/> Lower Legs | <input type="checkbox"/> Hands |
| | <input type="checkbox"/> Unknown Type | <input type="checkbox"/> Round | <input type="checkbox"/> Other | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Feet | <input type="checkbox"/> Other |

- | | | |
|-------------------|---------------------------------------|------------------------------------|
| IF
INSTRUMENT: | What Kind: _____ | Type & Location of Injuries: _____ |
| | <input type="checkbox"/> Blunt | _____ |
| | <input type="checkbox"/> Sharp | _____ |
| | <input type="checkbox"/> Unknown Kind | |

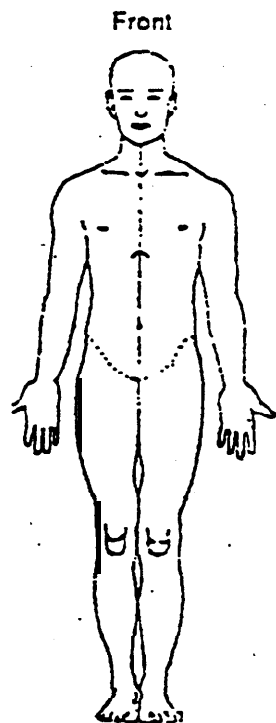
- | | | | | |
|---|---|---|-----------------------------------|----------------------------------|
| IF
DRUG,
POISON,
CHEMICAL
(Suspected) | <input type="checkbox"/> Alcohol | REMARKS/SYMPTOMS:

_____ | <input type="checkbox"/> Ingsrod | <input type="checkbox"/> Topical |
| | <input type="checkbox"/> Other Drugs | | <input type="checkbox"/> Injected | <input type="checkbox"/> Other |
| | Chemical or Poison
(Specify by Name) | | <input type="checkbox"/> Inhaled | <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> Unknown | | | |

MEDICAL HISTORY

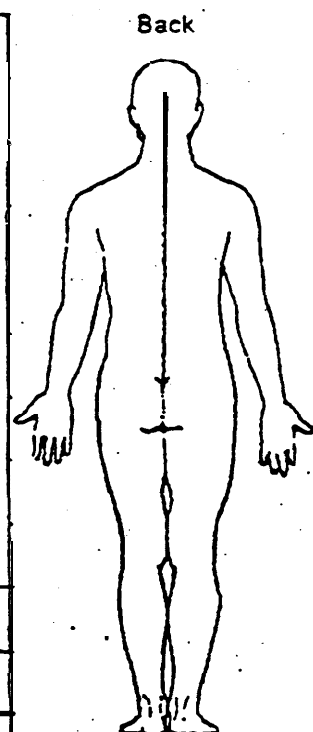
- | | | |
|---------------------------------------|--|---------------------|
| Condition: | <input type="checkbox"/> Fractures | Doctor: _____ |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Heart Disease | Where mated*: _____ |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Seizure (specify) | Medications: _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other (specify) | |
| <input type="checkbox"/> Drug Abuse | | |
| <input type="checkbox"/> Lung Disease | | |

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):



This 3 year old white female was trapped in a house fire. She was found on the floor of the kitchen near the back door after the fire had bee put out. She was pronounced dead at the scene.

Mississippi State Fire Marshall ordered the Autopsy.



Next of Kin: _____

Funeral Home: Ott & Lee Funeral Home, Forest, MS



5891-3782-004

STATE
MEDICAL
EXAMINERREPORT OF
DEATH INVESTIGATION

Central Office Use Only

2-3-95

(Date of Receipt)

1-1-95

(ICOD Code)

DECEDENT:

(First Name)

(Middle Name)

(Last Name)

(Sex, etc.)

ADDRESS:

(Number & Street or Route, Box No.)

(City, State)

(County)

Lauderdale

5891-3782-004

(ME Case Number)

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

AGE 7	SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undetermined	CLOTHING <input type="checkbox"/> Clothed <input checked="" type="checkbox"/> Partly Clothed <input type="checkbox"/> Unclothed	BODY TEMPERATURE <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold	BLOOD <input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Mouth <input checked="" type="checkbox"/> Ears <input checked="" type="checkbox"/> Clothing <input type="checkbox"/> None	FROTH <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	OCCUPATION TYPE OF WORK:
DATE OF BIRTH 1/13/87	HEAD-HAIR <input type="checkbox"/> None <input type="checkbox"/> Partly Bald <input type="checkbox"/> Blonde <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> White OTHER HAIR <input type="checkbox"/> Mustache <input type="checkbox"/> Beard	EYES: Color: R L WEIGHT: LENGTH:	RIGOR (Circle degree) <input checked="" type="checkbox"/> Neck X 1+ 2- 3- <input checked="" type="checkbox"/> Arms X 1. 2- 3. <input checked="" type="checkbox"/> Legs X 1+ 2+ 3- LIVOR Color: Fixed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Lateral	OTHER (Din. water, etc.) <input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Mouth <input checked="" type="checkbox"/> Ears <input type="checkbox"/> None	INDUSTRY:	
MARITAL STATUS: <input type="checkbox"/> Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown	RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	MISCELLANEOUS: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Circumcised		DECOMPOSITION <input type="checkbox"/> Early <input type="checkbox"/> Advanced <input type="checkbox"/> No	No Occupational Into	

INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES (Home, farm, highway, hospital, etc.)
IN JURY OR ONSET OF ILLNESS	1/1	9:45pm	[REDACTED]	Laud.	ON THE JOB? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residence
LAST SEEN ALIVE			(By whom: Name and Address)		
DEATH	1/1	10:53pm	Rush---Hospital E. R.	Laud.	Hospital E.R.
FOUND DEAD BY			(By whom: Name & Address)		
POLICE NOTIFIED	1/1	9:54pm	POLICE AGENCY: 911 + LCSD + Metro Ambulance + County Fire Depts.		
CORONER/M.E. NOTIFIED	1/1	11:00pm	(By whom: Name and Address) Rush Hospital Emergency Room Nurse.		
VIEW OF BODY	1/1	11:00pm	Rush Hospital Emergency Room, Meridian, Mississippi.		<input type="checkbox"/> Not Viewed
WITNESS TO INJURY OR ILLNESS AND DEATH			(Name) (Address)		BLOOD SAMPLE DRAWN. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Why not? Autopsy

MANNER OF DEATH

<input type="checkbox"/> NATURAL	<input type="checkbox"/> HOMICIDE	<input checked="" type="checkbox"/> ACCIDENT	<input type="checkbox"/> SUICIDE	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PENDING
MEDICO-LEGAL PROBABLE CAUSE OF DEATH:					
AUTOPSY AUTHORIZED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
PATHOLOGIST: r. Steven T. Hayne					
OTHER AUTOPSY DONE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
IS DECEDENT AN ORGAN DONOR? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Please ask family when at all possible)					
<input type="checkbox"/> Kidney <input type="checkbox"/> Eye <input type="checkbox"/> Any Needed Organ					
IF Donor, Did You Notify Transplant Team? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Send original to the State Medical Examiner. Copies must be forwarded to County Clerk of Court					

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with the Mississippi Code Annotated, and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

M. E. Tabler

(Signature of Coroner or Medical Examiner)

1/1/95

Lauderdale

38-01

(Date Signed)

(County)

(Year Number)

REASON FOR ASSUMING MEDICAL EXAMINER JURISDICTION (Check ONE only)

- ☐ HOMICIDE ☒ ACCIDENT ☐ POISONING ☐ POLICE CUSTODY ☐ PUBLIC HEALTH ☐ SURGICAL/ANESTHETIC
☐ SUICIDE ☐ DISASTER ☐ UNKNOWN ☐ STATE ☐ HAZARD ☐ PROCEDURE
☐ TRAUMA ☐ VIOLENT OR SUSPICIOUS ☐ LOCAL/OTHER ☐ SUDDEN/UNEXPECTED ☐ UNATTENDED

MEANS OF DEATH (Agency or Object) - IF DEATH OTHER THAN NATURAL

- IF MOTOR VEHICLE INVOLVED: Driver ☐ Lap Belt Used ☐ Hit-Run ☐ Passenger Car ☐ Farm Vehicle ☐
 Passenger ☐ Shoulder Belt Used ☐ Non-Highway ☐ Truck ☐ Other ☐
 Pedestrian ☐ Crash Helmet Worn ☐ Motorcycle ☐
 Other ☐ Motorbike ☐

IF GUN

- Rifle - Cal. _____ ☐ Stippling ☐ Oblong ☐ Head ☐ Buttocks ☐ Upper Arms ☐
 Handgun - Cal. _____ ☐ Smudging ☐ Stellate ☐ Neck ☐ Thighs ☐ Lower Arms ☐
 Shotgun - Gau. _____ ☐ Abrasion Collar ☐ Surg. Treated ☐ Chest ☐ Lower Legs ☐ Hands ☐
 Unknown Type ☐ Round ☐ Other ☐ Abdomen ☐ Feet ☐ Other ☐

IF INSTRUMENT:

- ☐ Blunt
☒ Sharp

What Kind: _____ Type & Location of Injuries: _____
☐ Unknown Kind _____

IF DRUG, POISON, CHEMICAL (Suspected)

- ☐ Alcohol REMARKS/SYMPTOMS: _____ ☐ Ingested ☐ Topical
☐ Other Drugs _____ ☐ Injected ☐ Other
 Chemical or Poison _____ ☐ Inhaled ☐ Unknown
 (Specify by Name) _____
☐ Unknown _____

MEDICAL HISTORY

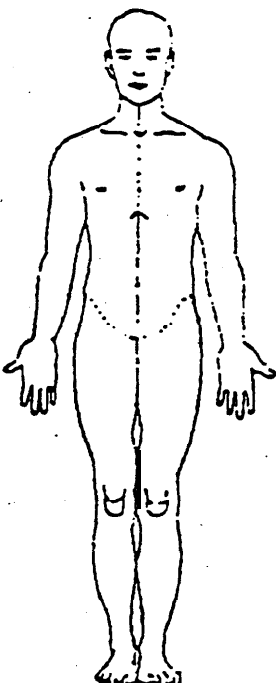
Condition:

- ☐ Alcoholism ☐ Fractures
☐ Cancer ☐ Heart Disease
☐ Diabetes ☐ Seizure (specify)
☐ Drug Abuse ☐ Other (specify)
☐ Lung Disease _____

Doctor: _____
 Where treated: _____
 Medications: _____

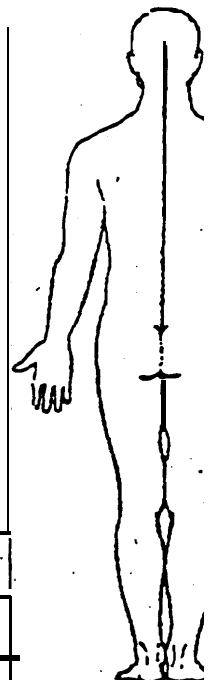
NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):

Front



This 7 year old white male was trapped in a house fire but was removed by Paramedics & was still breathing. He was taken to Rush Hospital Emergency Room in critical condition. He coded on the way & on arrival at the ER a full code was done - for 28 minutes, but he never responded, Mississippi State Fire Marshall ordered the autopsy.

Back



Next of Kin:

Funeral Home: Ott & Lee Funeral Home, Forest, MS



5892-3783-00s

STATE
MEDICAL
EXAMINERREPORT OF
DEATH INVESTIGATION

attachment #3

Central Office Use Only

2-3-95

(Date of Receipt)

#17-95

(DOD Code)

DECEDENT:

(First Name)

(Middle Name)

(Last Name)

(Dr., Sr., Jr., etc.)

(COD Code)

ADDRESS:

(Address & Street or Route, Box No.)

(City, State)

(County)

Lauderdale

5892-3783-001

(IME Case Number)

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

AGE <u>10</u>	SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Undetermined	CLOTHING <input type="checkbox"/> Clothed <input checked="" type="checkbox"/> Partly Clothed <input type="checkbox"/> Unclothed	BODY TEMPERATURE <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold	BLOOD <input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Mouth <input checked="" type="checkbox"/> Ears <input checked="" type="checkbox"/> Clothing <input type="checkbox"/> None	FROTH <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	OCCUPATION TYPE OF WORK:
Date of Birth <u>7 / 1 / 84</u>	HEAD-HAIR <input type="checkbox"/> None <input type="checkbox"/> Partly Bald <input type="checkbox"/> Blonde <input checked="" type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	EYES: Color <u> </u> R <u> </u> L <u> </u> WEIGHT: <u> </u> LENGTH: <u> </u>	RIGOR (Circle degree) <input checked="" type="checkbox"/> Neck <input checked="" type="checkbox"/> 1+ 2- 3- <input checked="" type="checkbox"/> Arms <input checked="" type="checkbox"/> 1- 2- 3- <input checked="" type="checkbox"/> Legs <input checked="" type="checkbox"/> 1+ 2- 3- LIVOR Color <u> </u> Fixed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Lateral	OTHER (Dirt, water, etc.) <input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Mouth <input checked="" type="checkbox"/> Ears <input type="checkbox"/> None	INDUSTRY: No Occupational Info	
MARITAL STATUS: <input type="checkbox"/> Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown	RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	MISCELLANEOUS: <input type="checkbox"/> <u> </u> <input type="checkbox"/> <u> </u> <input type="checkbox"/> Circumcised		DECOMPOSITION <input type="checkbox"/> Early <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> None	SS# <u> </u>	

INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES (Home, farm, highway, hospital, etc.)
INJURY OR ONSET OF ILLNESS	1/1	9:45pm	<u>Meridian, Mississippi</u>	Laud.	ON THE JOB? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residence
LAST SEEN ALIVE			By whom: Name and address		
DEATH	1/1	11:33pm	Rush Hospital E. R.	Laud.	*Hospital E. R.
FOUND DEAD BY			By whom: Name and address or Time		
POLICE NOTIFIED	1/1	9:54pm	911 + LCSD + Metro Ambulance + County Fire Depts.		
CORONER/IME NOTIFIED	1/1	11:33pm	Rush Hospital Emergency Room Nurse.		
VIEW OF BODY	1/1	11:33pm	Rush Hospital Emergency Room	Meridian, Mississippi	<input type="checkbox"/> Not Viewed <input checked="" type="checkbox"/> BLOOD SAMPLE DRAWN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Why not? Autopsy
WITNESS TO INJURY OR ILLNESS AND DEATH			(Name)	(Address)	

MANNER OF DEATH

☐ NATURAL ☐ HOMICIDE ☒ ACCIDENT ☐ SUICIDE ☐ UNKNOWN ☐ PENDING

MEDICO-LEGAL

PROBABLE CAUSE OF DEATH:

AUTOPSY AUTHORIZED:

☒ Yes ☐ No

PATHOLOGIST:

Dr. Steven T. Hayne

Contributing factor:

OTHER AUTOPSY DONE:

☐ Yes ☒ No

IS DECEDENT AN

☐ Kidney☐ Eye☐ Any

M.S.M.E.

NO (Please ask family when at all possible)

IF Donor. Did You Notify Transplant Team? ☐ Yes ☐ No

Send original to the State Medical Examiner. Copies must be forwarded to County Clerk of Court

I hereby certify that after examining notes of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with the Mississippi Code Annotated, and that the information contained herein is true and correct to the best of my knowledge and belief.

Mail P. Lohler
(Signature of Coroner or Medical Examiner)

1/1/95

Lauderdale

38-01

(Date Signed)

(County)

(Your Number)

<input type="checkbox"/> HOMICIDE	<input checked="" type="checkbox"/> ACCIDENT	<input type="checkbox"/> POISONING	<input type="checkbox"/> POLICE CUSTODY	<input type="checkbox"/> PUBLIC HEALTH	<input type="checkbox"/> SURGICAL/ANESTHETIC
<input type="checkbox"/> SUICIDE	<input type="checkbox"/> DISASTER	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> STATE	H A Z A R D	PROCEDURE
<input type="checkbox"/> TRAUMA	<input type="checkbox"/> VIOLENT	OR SUSPICIOUS	<input type="checkbox"/> LOCAL/OTHER	<input type="checkbox"/> SUDDEN/UNEXPECTED	<input type="checkbox"/> UNATTENDED

IF ☐ Driver ☐ Lap Belt Used ☐ Hit-Run ☐ Passenger Car ☐ Farm Vehicle
 MOTOR ☐ Passenger ☐ Shoulder Belt Used ☐ Non-Highway ☐ Truck ☐ Other _____
 VEHICLE ☐ Pedestrian ☐ Crash Helmet Worn _____ ☐ Motorcycle _____
 INVOLVED ☐ Other ☐ Motorbike _____

IF GUN	<input type="checkbox"/> Rifle - Cal. _____	<input type="checkbox"/> Stippling	<input type="checkbox"/> Oblong	<input type="checkbox"/> Head	<input type="checkbox"/> Buttocks	<input type="checkbox"/> Upper Arms
	<input type="checkbox"/> Handgun - Cal. _____	<input type="checkbox"/> Smudging	<input type="checkbox"/> Stellate	<input type="checkbox"/> Neck	<input type="checkbox"/> Thighs	<input type="checkbox"/> Lower Arms
	<input type="checkbox"/> Shotgun - Gau. _____	<input type="checkbox"/> Abrasion Collar	<input type="checkbox"/> Surg. Treated	<input type="checkbox"/> Chest	<input type="checkbox"/> Lower Legs	<input type="checkbox"/> Hands
	<input type="checkbox"/> Unknown Type	<input type="checkbox"/> Round	<input type="checkbox"/> ii Orchr	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Feet	<input type="checkbox"/> Other .

IF
INSTRUMENT: _____
☐ Blunt
☐ Sharp ☐ Unknown Kind

What Kind: _____ Type & Location of Injuries: _____

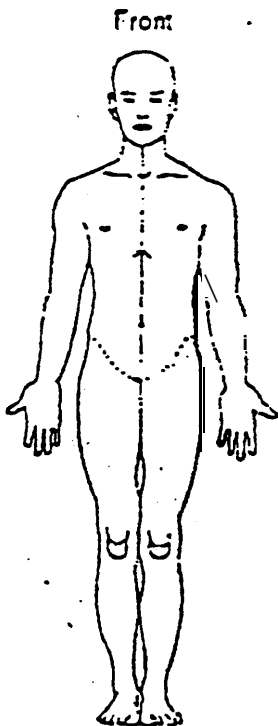
IF DRUG, POISON, CHEMICAL (Suspected)	<input type="checkbox"/> Alcohol	REMARKS/SYMPTOMS: _____ _____ _____ _____	<input type="checkbox"/> Ingested	<input type="checkbox"/> Topical
	<input type="checkbox"/> Other Drugs		<input type="checkbox"/> Injected	<input type="checkbox"/> Other
	Chemical or Poison		<input type="checkbox"/> Inhaled	<input type="checkbox"/> Unknown
	(Specify by Name)			
	<input type="checkbox"/> Unknown			

Condition:

☐ Alcoholism ☐ Fractures
☐ Cancer ☐ Heart Disease
☐ Diabetes, ☐ Seizure (specify)
☐ Drug Abuse ☐ Other (specify)
☐ Lung Disease _____

Doctor: _____
 Where treated: _____
 Medications: _____

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):

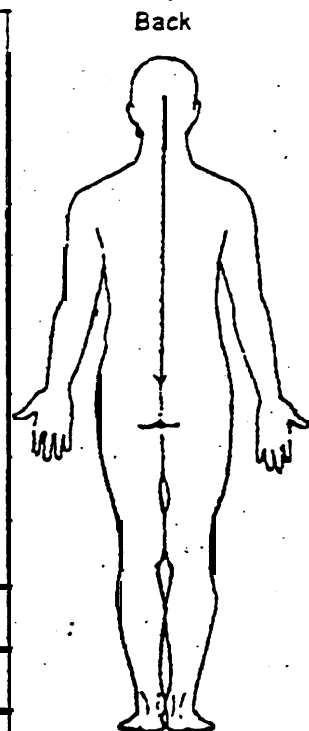


This 10 year old white female. was trapped in a house fire but was removed by Paramedics & was still bkcathing. She was taken to Rush Hospital Emergency Room in critical condition. She coded on the way' & on arrival at the-ER a full code was 'done for 25 minutes but she never responded.

Mississippi State Fire Marshall ordered the autopsy,

Next of Kin:

Funeral Home: Ott & Lee Funeral Home, Forest, MS



MAGNOLIA

CLIPPING SERVICE

JACKSON, MS (601) 956-4221
TUSCALOOSA, AL (205) 758-8510

MERIDIAN STAR

Meridian, Mississippi

DAILY

JAN - 7 - 95

Area glances

Police investigating armed robbery

Meridian police are investigating the reported Friday night armed robbery of the Inland Oil Co. on 50th Avenue.

According to police, a man entered the station, pulled a gun, took the cash box from the attendant and ran away on foot behind the station.

Police are looking for a thin black man, 15 to 20 years old, about 5 feet 8 inches tall, weighing about 130 pounds with a dark complexion. He was last seen wearing a black sweatshirt jacket and a red bandanna over his face. He was carrying a large caliber automatic pistol.

Lighter cause of New Year's Day fire

Heat from a butane lighter that got too close to a couch was the cause of a New Year's Day fire that killed four people in the Suqualena area.

Lauderdale County Fire Coordinator Clarence Butler said the lighter was a "flame thrower type" used to light

space heaters and barbecue grills. He said heat from the lighter ignited the cover of the couch. The fire at the home on [redacted] Road claimed the life of [redacted] 9; [redacted] 7; [redacted] 55; and [redacted] 3.

Butler said firefighters had trouble entering the house because the doors were locked from the inside and smoke detectors had apparently not been installed. He said a large chair blocked the front door, forcing firefighters to pull the door out.

Two planes have emergency landing

JACKSON (AP) — Two commuter airplanes made emergency landings Friday at the Jackson International Airport after they both lost oil pressure in their engines, officials said.

No one was injured in the landings.

The pilot alerted its eight passengers and two crewmembers and landed the plane with one engine operating, Malmberg said.

950303 HCC 2044

G510409

FEB - 2 1995

G. sign

4 MAY 1995

1. CASE NO. 950303HCC2047			2. INVESTIGATOR'S ID 8 1 1 1			3. OFFICE CODE 8 3 0			EPIDEMIOLOGIC INVESTIGATION REPORT		
4. DATE OF ACCIDENT YR MO DAY 9 5 0 1 0 4			5. DATE INVESTIGATION INITIATED YR MO DAY 9 5 0 3 1 6								
6. SYNOPSIS OF ACCIDENT OR COMPLAINT On 1/4/95 at approximately 1100 hours (11:00AM), a house fire erupted when a cigarette lighter was exposed to the cushion of an upholstered sofa. The 74 year old male owner of the residence refused to exit and died in the blaze.											
7. LOCATION (Home, school, etc.) Home (living room)				8. CITY Pass Christian				9. STATE Mississippi M S			
10A. FIRST PRODUCT Sofa				11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown							
10B. SECOND PRODUCT Cigarette lighter				11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown							
12. AGE OF VICTIM 0 7 4		13. SEX (Use numerical code) MALE - 1 FEMALE - 2 UNKNOWN - 3 1		14. DISPOSITION Dead at Scene		15. INJURY DIAGNOSIS Anoxia (smoke inhalation)		6 15			
16. BODY PART All		8 5		17. RESPONDENT(S) (Mother, Friend) Victim's daughter, fire dept/police dept.		18. TYPE INVESTIGATION ON SITE TELEPHONE OTHER		19. TIME SPENT 0 4 0			
20. ATTACHMENTS Documents		21. CASE SOURCE Newspaper		22. REVIEWED BY 8 0 0 7		YR MO DAY 9 5 0 4 2 4					
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME <input type="checkbox"/> CPSC MAY NOT DISCLOSE WY NAME <input checked="" type="checkbox"/>											
24. NARRATIVE (See instructions on Other Side)						25. REGIONAL OFFICE DIRECTOR REVIEW DATE					
Narrative begins on page 2.											
(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)											

Pre-Incident:

The victim, a 74 year old male civil service retiree, was 5'7" in height, and weighed 145 pounds. According to law enforcement officials, he lived with his mildly retarded middle-aged son in a three bedroom, wood-frame single family dwelling in a coastal community in South Mississippi.

According to the victim's daughter, the victim was a very active person, who was in "good health" before the fire occurred. (Please note: Law enforcement officials disputed the daughter's statement regarding the victim's health and state of mind.) The daughter said she lived in the same neighborhood as her father, within walking distance. She said she visited her father and brother often, but not daily. She said she had visited her father the evening prior to the fire incident, and had found everything normal and routine.

In contrast to the daughter's statement, law enforcement officials stated they had determined that the victim had been despondent and suicidal after recently learning he was diagnosed with advanced stage of severe heart disease, possibly contributing to the cause of the house fire.

The daughter said that family members do not know what happened, or exactly what the fire origin may have been. She said for the past six months or so, she and other family members had been in the process of remodeling and redecorating her father's house. She said one sister had recently moved and purchased all new furniture, giving her old furniture to their father. She said she had personally purchased a leather recliner chair a few years for her father, and that this chair was his overall favorite place for sitting. She said the living room furnishings consisted in a sectional sofa, a coffee table, and the recliner. The residence did not have a smoke detector installed.

According to local officials, the victim and his middle-aged son were in the living room of the residence. The time was approximately 1100 hours (11:00AM).

Incident:

For an undetermined reason, the victim reportedly removed a disposable cigarette liihter from his pocket and ignited a portion of the sofa.

Post-Incident:

According to local officials, the sofa became well-involved and the fire spread to other nearby combustibles. The middle-aged son told fire department officials that the victim refused to leave the house. tie said he tried to "pull" the victim from the residence, but he resisted and still refused to leave. The son then exited the house and phoned for help. The fire department arrived at 1108 hours (11:08AM), and initiated extinguishment. The victim's charred body was found just inside the front door.

Product Information:

Product	Sofa, sectional style
Mfr./Model No./Purchase Price	Unknown .
Age	2 yrs., purchased new by victim's daughter & given to victim 6 mos. ago (Never reupholstered)
Outer Fabric Covering	Upholstered fabric
Number of Removable Cushions	2 (seat cushions) (Both involved in fire)
Filling Material (burned)	Foam (Other filling material-none)

Area of Furniture 1st Ignited

Seat Cushion

Other Materials on Furniture

Unknown

Flammable Liq. Involvement

None

Attachments:

- 1. Data Sheet**
- 2. Fire Department Report**
- 3. Medical Examiner's Report**
- 4. Assignment**



INVESTIGATION GUIDELINE

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES

(To be attached to CPSC Form 182, Epidemiologic Investigation Report along with a copy of the Fire Incident Report)

Task Number 950303HCC2047 Incident Date 1/4/95

A. **PRODUCT DESCRIPTION:** ☒ Sofa/Couch ☐ Chair ☐ Sofa bed ☐ Other _____

1. Was upholstered furniture slipcovered? ☐ Yes ☒ No ☐ Unknown

2. Had it been reupholstered? ☐ Yes ☒ No ☐ Unknown

3. Manufacturer/Distributor/Brand ◆■&■◆●

4. Purchased: ☒ New ☐ Used ☐ Unknown

If used, specify how obtained (e.g., garage sale, etc.) Purchased new by daughter; given to victim approx. 6 mos. prior to fire.

5. Date Furniture Purchased: 1993 Furniture Age 2 yrs.

6. Standard Certification Labeling;; e.g., UFAC or California standard: (Copy)

Unknown

B. **POINT OF FIRE IGNITION ON FURNITURE:** Describe where fire started on upholstered furniture.

☐ skirt ☒ Seat cushion ☐ Inside back ☐ Inside arm

☐ Back ☐ Side ☐ Underside ☐ Crevice

☐ Welt Cord ☐ Tuft ☐ Other _____

C. **AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION** (if appropriate): 74 yrs.

☐ LT 5 yrs. old ☐ 0 5 - 14 ☐ 15 - 64 ☒ 65 +

D. **PRODUCT INVOLVED AS HEAT SOURCE AND TYPE** (Check):

☒ Lighter ☐ Match ☐ Candle ☐ Heater Fire place

☐ Other (specify) _____

☐ Unknown



INVESTIGATION GUIDELINE

If lighter, specify type: ☐ Child-resistant ☐ Not child-resistant ☒ Unknown

If match, specify type: ☐ Book ☐ Box ☐ Unknown

If heater, specify fuel source and distance from furniture:

_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

☐ Yes ☒ No ☐ Unknown

If yes, specify type: _____

8. Detector went off (alarmed)?

☐ Yes ☐ No ☐ Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

10. About how soon was the fire discovered after it started? Immediately

F. VICTIM(S)

Number of Deaths 0 Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

☒ Less than high school ☐ High school ☐ Some College

12. Total household income:

☒ LT \$15,000 ☐ \$15,000 - \$34,999 ☐ \$35,060 +

13. Approximate home market value: \$20-25,000

☐ Rent ☒ Own

General Description: Provide general description, including all other relevant factors and information on the investigation form.

Pass Christian Fire Department

STANDARD INCIDENT REPORT

FDID 24011										INCIDENT# 95006																													
MO 01	DAY 04	YR 95	DAY OF WEEK (1 JS 2 M 3 T 4 TH 5 F 6 S 7 JS) 4				ALARM TIME 1105				ONSCENE 1106				DISPATCH TIME 1106				INSERVICE 1233																				
TYPE OF SITUATION FOUND																																							
<input checked="" type="checkbox"/> 11. Structure Fire <input type="checkbox"/> 12. Mobile Home <input type="checkbox"/> 14. Vehicle Fire <input type="checkbox"/> 15. Tree, Brush, or Grass Fire <input type="checkbox"/> 16. Trash/Refuse Fire <input type="checkbox"/> 19. Explosion (no after fire)										<input type="checkbox"/> 32. Emergency Medical Call <input type="checkbox"/> 35. Extinction/Rescue <input type="checkbox"/> 36. Drowning <input type="checkbox"/> 39. Emer. Medical Call/Rescue <input type="checkbox"/> 41. Spill/Leak (no fire) <input type="checkbox"/> 42. Hazardous/Toxic Material										<input type="checkbox"/> 44. Electrical Arcing <input type="checkbox"/> 53. Smoke Boats <input type="checkbox"/> 59. Service Call <input type="checkbox"/> 71. Malicious False Alarm <input type="checkbox"/> 74. Unintentional False Alarm <input type="checkbox"/> 89. Natural Disaster <input type="checkbox"/> Other _____																			
TYPE OF ACTION TAKEN (primary)										SMOKE DETECTOR										MUTUAL AID																			
<input checked="" type="checkbox"/> 15. Extinguishment <input type="checkbox"/> 16. Ventilation <input type="checkbox"/> 17. Established Fire Lines <input type="checkbox"/> 31. Rescue <input type="checkbox"/> 32. Extinction <input type="checkbox"/> 33. Emergency Medical Services										<input type="checkbox"/> 41. Removed Hazard <input type="checkbox"/> 53. Standby <input type="checkbox"/> 71. Investigate <input type="checkbox"/> 00. Undetermined										YES _____ NO <input checked="" type="checkbox"/> ELECTRIC _____ BATTERY _____ OPERATIONAL YES _____ NO _____										<input type="checkbox"/> 1. Mutual Aid Received <input type="checkbox"/> 4. Mutual Aid Given <input type="checkbox"/> N/A (no code)									
FIXED PROPERTY USE										IGNITION FACTOR																													
<input type="checkbox"/> 100. Assembly <input type="checkbox"/> 200. Educational Building <input type="checkbox"/> 350. Health Care Facility <input checked="" type="checkbox"/> 410. Single Family Dwelling <input type="checkbox"/> 420. Apartments <input type="checkbox"/> 500. Commercial Property <input type="checkbox"/> 550. Forest/Woodlands <input type="checkbox"/> 700. Industrial Manufacturing										<input type="checkbox"/> 910. Refuse Dump <input type="checkbox"/> 931. Open Lands <input type="checkbox"/> 951. Interstate Highway <input type="checkbox"/> 952. State/Cnty/City Road <input type="checkbox"/> Other _____										<input checked="" type="checkbox"/> 14. Suspicious <input type="checkbox"/> 31. Cigarette/Smoking Material <input type="checkbox"/> 33. Falling Asleep <input type="checkbox"/> 34. Unattended Fires <input type="checkbox"/> 35. Children Playing <input type="checkbox"/> 37. Alcohol/Drug Impairment <input type="checkbox"/> 45. Combustibles too close <input type="checkbox"/> Mechanical Failure										<input type="checkbox"/> 57. Backfire <input type="checkbox"/> 60. Design Deficiency <input type="checkbox"/> 70. Operational Deficiency <input type="checkbox"/> 80. Natural Condition <input type="checkbox"/> 92. Malicious <input type="checkbox"/> 00. Undetermined <input type="checkbox"/> Other _____									
VEHICLE										LICENSE																													
CORRECT ADDRESS										APT#																													
CITY										STATE MS ZIP 39571																													
OCCUPANT										PHONE																													
OWNER										PHONE																													
OWNER ADDRESS																																							
CITY										STATE MS ZIP 39571																													
METHOD OF ALARM										NO. OF ENGINES										NO. OF AERIALS																			
<input type="checkbox"/> 1. Telephone Direct <input type="checkbox"/> 2. Municipal Alarm System <input type="checkbox"/> 3. Private Alarm System <input type="checkbox"/> 4. Radio <input type="checkbox"/> 5. Verbal <input checked="" type="checkbox"/> 7. Tie Line (911) <input type="checkbox"/> 0. Undetermined										<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 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<input checked="" type="checkbox"/> 14. Den/Living Room <input type="checkbox"/> 21. Bedroom <input type="checkbox"/> 24. Kitchen <input type="checkbox"/> 25. Bath <input type="checkbox"/> 26. Laundry <input type="checkbox"/> 27. Closet <input type="checkbox"/> 28. Trash Area <input type="checkbox"/> 29. Garage <input type="checkbox"/> 30. Storage Areas <input type="checkbox"/> 31. Service Areas <input type="checkbox"/> 32. Equipment Areas <input type="checkbox"/> 33. Vehicle Passenger Area <input type="checkbox"/> 34. Vehicle Truck <input type="checkbox"/> 35. Vehicle Engine Area <input type="checkbox"/> 36. Open Field Yard <input type="checkbox"/> 37. Woodland <input type="checkbox"/> 38. Undetermined										<input type="checkbox"/> 01. Vehicles <input type="checkbox"/> 10. Heating System <input type="checkbox"/> 20. Cooking Equipment <input type="checkbox"/> 30. AC/Refrigeration <input type="checkbox"/> 40. Electrical Distribution <input type="checkbox"/> 50. Appliances <input type="checkbox"/> 60. Manufacturing Equipment <input type="checkbox"/> 70. Service Equipment <input checked="" type="checkbox"/> 00. Other										<input type="checkbox"/> 01. Open Outside Fire <input type="checkbox"/> 20. Heat from Fuelled Equipment <input type="checkbox"/> 30. Electrical Arcing <input type="checkbox"/> 40. Heat /Hot Objects <input type="checkbox"/> 50. Open Flame <input checked="" type="checkbox"/> Other										<input type="checkbox"/> 10. Structural Components <input type="checkbox"/> 20. Furniture <input type="checkbox"/> 30. Clothing/linens <input type="checkbox"/> 40. Electrical Equip. <input type="checkbox"/> 50. Flammable Liq/Gas <input type="checkbox"/> Other									
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DATE										DATE																													

PASS CHRISTIAN FIRE RUN REPORT

CROSS <u>MORTON</u> , <u>MORTS ST.</u>		
CALLER NAME: <u>KEEL Lumber Co</u>		CALL BACK NO.: <u>452-4353</u>
E-2 CREW: <u>ROBERT H. TERRY L.</u>	R-2 CREW: <u>BILL B.</u>	E-3 CREW: <u>CHIEF</u> <u>Rusty Neca. Se</u> <u>J. Stewart</u>
E-4 CREW: <u>EVERETT D.</u>	R-4 CREW: <u>STANLEY N</u>	POLICE: <u>PICKIE, RUSTY, ADAMS</u>
		DISPATCHER <u>HOWE</u>
		AMBULANCE <u>ANK</u>

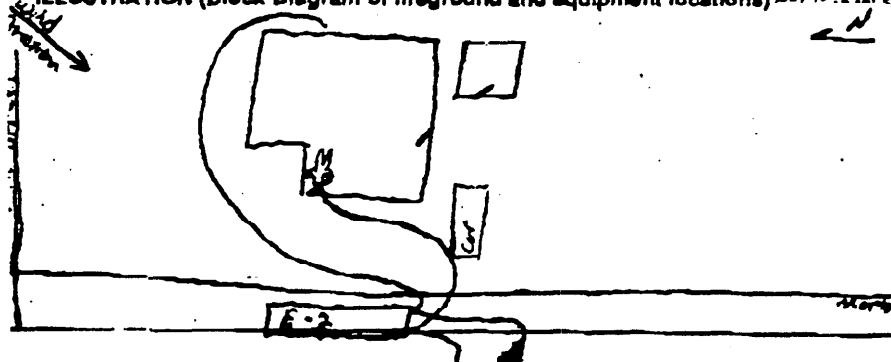
OFF DUTY FIREMEN: BILL R. Bill Bradley, MARK S., Richard P.

VOLUNTEER FIREMEN: BILLY B., JOEY P., BENNY H., BRENT J. JOHN D. TOM B.

NARRATIVE (be as concise as possible)

upon my arrival at ~~the scene~~, I saw fire coming out of the windows & eves on the west & south side of the house the shed just south of the house was also on fire. A bystander came to me at that point on state that his father was still in the house. I notified all responding units of the situation. E-2 arrived at the scene at 150' 1 3/4" Preconnects were pulled the initial attack was out of the tank, then hooked to the flag 10' away. The first attack line was positioned at the front door of the house on the west side the second attack line was positioned at the back of the house on the east side. The 1st attack line knocked down the front door on Egon extinguishing the fire at that point, the victim was discovered, laying spine, head was at the door facing west, feet away from the door facing east. the fire was extinguish using about 1600 Gallons of water the corner, state fire marshal, Reiman's Funeral Home, Pass PD All were called to the scene. The scene is under investigation at this time. By the state fire marshal & PC PD & PC ED. the 2nd attack line attacked through a window at the rear. 1st attack line was pulled. At the time the first attack line was eaten in the house an

ILLUSTRATION (Block Diagram of fireground and equipment locations) not to scale



EQUIPMENT USED

300' 1 3/4" hose.
1600 Gallons of water
100' of soft suction



STATE
MEDICAL
EXAMINER

REPORT OF DEATH INVESTIGATION

HARRISON COUNTY
MEDICAL EXAMINER'S OFFICE
CASE NO. 95-005-1304

DECEDENT: (First Name) (Middle Name) (Last Name) (Jr., Sr., III, etc.)

ADDRESS: (Number & Street or Route, Box No.) (City, State) (County)

(DOD Code)

(ICD Code)

(ME Case Number)

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

AGE (If less than 2 yrs. give months & days) <u>74</u> DATE OF BIRTH <u>12/18/20</u> MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown RACE <input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undetermined HEAD-HAIR <input type="checkbox"/> None <input type="checkbox"/> Partly Bald <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Red <input checked="" type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> White OTHER HAIR <input type="checkbox"/> Mustache <input type="checkbox"/> Beard	CLOTHING <input type="checkbox"/> Clothed <input type="checkbox"/> Partly Clothed <input type="checkbox"/> Unclothed EYES: Color <u>BRO</u> R. L. WEIGHT: <u>CHRONIC</u> <u>LENGTH</u> <u>FEET</u> <u>TO</u> MISCELLANEOUS: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Circumcised	BODY TEMPERATURE <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold RIGOR (Circle Degree) Neck 0 1+ 2+ 3+ Arms 0 1+ 2+ 3+ Legs 0 1+ 2+ 3+ LIVOR Color <u>BURN (Choked)</u> Fixed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Lateral	BLOOD FROTH <input type="checkbox"/> Nose <input type="checkbox"/> Present <input type="checkbox"/> Mouth <input type="checkbox"/> Absent <input type="checkbox"/> Ear <input type="checkbox"/> Clothing <input checked="" type="checkbox"/> None OTHER (Dirt, water, etc.) <input checked="" type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ear <input type="checkbox"/> None DECOMPOSITION <input type="checkbox"/> Early <input type="checkbox"/> Advanced <input type="checkbox"/> None	OCCUPATION (Please fill in both parts) TYPE OF WORK: (Example: machinist, typist, fireman, farmer, salesman, homemaker) INDUSTRY: (Example: textile, banking, fire dept., farming, insurance, home) <input type="checkbox"/> No Occupational Information
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INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES (Home, farm, highway, hospital, etc.)
INJURY OR ONSET OF ILLNESS	1-4-95	1100		Harrison	ON THE JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Home
LAST SEEN ALIVE	1-4-95	1100		Harrison	
DEATH	1-4-95	1127		"	"
FOUND DEAD BY	1-4-95	1120	Pass Christian Fire Dept	"	"
POLICE NOTIFIED	1-4-95		Pass Christian P.D.		OFFICER:
CORONER/M.E. NOTIFIED	1-4-95	1155	Pass Christian P.D.		
VIEW OF BODY	1-4-95	1150			<input type="checkbox"/> NOT VIEWED
WITNESS TO INJURY OR ILLNESS AND DEATH				(Address)	BLOOD SAMPLE DRAWN: <input type="checkbox"/> Yes <input type="checkbox"/> Why not?:

MANNER OF DEATH

☐ NATURAL ☐ HOMICIDE ☒ ACCIDENT ☐ SUICIDE ☐ UNKNOWN ☐ PENDING

MEDICO-LEGAL
AUTOPSY AUTHORIZED:

☒ Yes ☐ No

PROBABLE CAUSE OF DEATH:

1. Smoke Inhalation

2. Due to: House f&z.

Contributing factor:

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with the Mississippi Code Annotated, and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

(Signature of Coroner or Medical Examiner)

PATHOLOGIST:

Dr. Paul McHenry

OTHER AUTOPSY DONE:

☐ Yes ☐ No

M.S.M.E.

1-5-95
(Date Signed)

Harrison
(County)

2407
(Your Number)

*-IS DECEDENT AN ORGAN DONOR? YES NO (Please ask family when at all possible)

KIDNEY

EYE

ANY NEEDED ORGAN

IF DONOR, DID YOU NOTIFY TRANSPLANT TEAM? YES IF NO, WHO DID?

REASON FOR ASSUMING MEDICAL EXAMINER JURISDICTION (Check ONE only)

- ☐ HOMICIDE
☐ SUICIDE
☐ TRAUMA
☐ DISASTER
☐ POISONING
☒ UNKNOWN OR SUSPICIOUS
☐ POLICE CUSTODY
☐ STATE
☐ LOCAL/OTHER
☐ PUBLIC HEALTH HAZARD
☐ SUDDEN/UNEXPECTED
☐ SURGICAL/ANESTHETIC PROCEDURE
☐ UNATTENDED

MEANS OF DEATH (Agency or Object)—IF DEATH OTHER THAN NATURAL

IF MOTOR VEHICLE INVOLVED	<input type="checkbox"/> Driver	<input type="checkbox"/> Lap Belt Used	<input type="checkbox"/> Hit-Run	<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Farm Vehicle
	<input type="checkbox"/> Passenger	<input type="checkbox"/> Shoulder Belt Used	<input type="checkbox"/> Non-Highway	<input type="checkbox"/> Truck	<input type="checkbox"/> Other
	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Crash Helmet Worn		<input type="checkbox"/> Motorcycle	
	<input type="checkbox"/> Other			<input type="checkbox"/> Motorbike	

IF GUN	<input type="checkbox"/> Rifle—Cal. _____	<input type="checkbox"/> Stippling	<input type="checkbox"/> Oblong	LOCATION OF WOUNDS (If no autopsy):	
	<input type="checkbox"/> Handgun—Cal. _____	<input type="checkbox"/> Smudging	<input type="checkbox"/> Stellate		
	<input type="checkbox"/> Shotgun—Gau. _____	<input type="checkbox"/> Abrasion Collar	<input type="checkbox"/> Surg. Treated	Head	Buttocks
	<input type="checkbox"/> Unknown Type	<input type="checkbox"/> Round	<input type="checkbox"/> Other	Neck	Thighs
				Chest	Lower Legs
				Abdomen	Feet
					Upper Arms
					Lower Arms
					Hands
					Other

IF INSTRUMENT:	What Kind: _____	TYPE & LOCATION OF INJURIES:
	<input type="checkbox"/> Blunt	
	<input type="checkbox"/> Sharp	
	<input type="checkbox"/> Unknown Kind	

IF DRUG, POISON, CHEMICAL (Suspected)	<input type="checkbox"/> Alcohol	REMARKS/SYMPTOMS:	<input type="checkbox"/> Ingested	<input type="checkbox"/> Topical
	<input type="checkbox"/> Other Drugs, Chemical or Poison (Specify by Name)		<input type="checkbox"/> Injected	<input type="checkbox"/> Other
	<input type="checkbox"/> Unknown		<input type="checkbox"/> Inhaled	<input type="checkbox"/> Unknown

CONDITION:

- ☐ Alcoholism
☐ Cancer
☐ Diabetes
☐ Drug Abuse
☐ Lung Disease
☐ Fractures
☐ Heart Disease
☒ Seizure (specify)
☐ Other (specify)

DOCTOR:

Where treated: _____

Medications: _____

MEDICAL HISTORY

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):

ON 1-4-95 @ 1140 Haden Responded To ¹⁷⁰⁰ FIRE where a body had been found @ ~~in Mrs. Christina~~ upon arrival Haden was briefed by Det. Rusty, & Steven to HADEN spoke w/ The witness ~~_____~~ JR. stated his Father was sitting on the couch playing with a lighter. He then set the couch on fire and refused to leave the house. The son started he tried to pull him from the residence but he refused to go. Son exited the house after it got to hot and called 911. Haden found the body just inside the front door with the head @ the back the body was face up. All clothes and hair had been burnt from the body.

Next of Kin: _____

Funeral Home: Locke T's

Body The skin was burnt. And cracked. The intestines had burst from the body. The limbs had started to draw. The inside of the house was completely destroyed. The body was removed from the house via remains. DR McBarry was advised and would perform the autopsy on 1-5-94.

On 1-5-94 DR Paul McBarry performed an autopsy on ~~██████████~~. DR. McBarry found large amounts of soot ^{in his lungs} ~~in his lungs~~ ~~subject's~~ lungs. Subject's blood was cherry red. Subject also had advanced heart disease. DR. McBarry ruled the cause of death as snake inhalation. Body was released to Locketts.

(Signature)

AUTOPSY **PROTOCOL**
Coroner's Office
Harrison County, Mississippi

[REDACTED], St. **black** male, 74 year8
Death: January 4, 1995, at 11:00 A.M. (found)
Autopsy: January 5, 1995, at 7:30 A.M. by Dr. Paul
McGarry at Riemann Funeral Home, Gulfport, MS.

EXTERNAL EXAMINATION

This is the charred body of an elderly black male 5'7 & 1/2" long, 145 lbs. in a "pugilistic" posture with arms and legs flexed, wrists flexed downward, hands in fists at shoulder levels, arms outward, legs in frog position, the skin blackened and charred, burned away from the anteromedial aspects of the arms, lateral aspects of the chest and abdomen with intestines exposed through the right lower abdominal wall, scalp charred, hair burned away, eyelids hardened and blackened, eyes intact with clouded corneas, soot in the nose and mouth, mouth open, blackened tongue, skin absent from the lower face and neck, anterior and medial thighs, anterior, medial, and lateral feet and legs where the muscles and bones are exposed, the feet and toes in downward flexion. There is relative preservation of hardened blackened skin over the back of the body and over the posterior aspects of the shoulders, upper arms, and thighs. Remnants of undershirt, charred and blackened are around the neck and over the anterior chest. The ears are blackened and hardened. The neck is rigid. The chest is symmetrical. The abdomen is protuberant. Charred particles are deposited on the anterior aspect of the body over the lower abdomen. The penis and scrotum are charred. The penis is uncircumcised. The scrotum is hardened and contracted. The anus is relatively spared, but the burning is generalized. Adipose tissue and muscle are exposed. There are no bone fractures. The tips of the fingers are burned to the bone from the knuckles distally.

INTERNAL EXAMINATION

The body is opened through the usual autopsy incision. The right side of the lower abdominal wall is open 3 in. Subcutaneous adipose tissue measures up to 2 cm. over the anterior abdominal wall. Other serous cavities are intact. Internal organs are bright cherry red and intensely congested. There are no effusions or exudates. The diaphragm is at the fourth intercostal space on the right, fifth intercostal space on the left. There are no injuries in the neck, chest, abdomen, or pelvis.

cardiovascular System

The heart weighs approximately 500 grams and has severe stenotic calcific coronary sclerosis with narrowing of all major branches to less than 1 mm., no occlusions. The myocardium measures up to 15 mm. in the left ventricle, 2 mm. in the right ventricle. The right atrium, ventricle, and pulmonary conus are dilated. There is a patch of fibrous scar tissue in the posterior wall of the left ventricle 1 cm. in diameter. There are no recent infarcts. The myocardium is bright red on cut surfaces. The aortic valve is calcified and narrowed to 1.5 x 1 cm. with all cusps rigid and irregular in contour, commissures fused. The aorta has extensive atherosclerotic involvement in the abdominal portion with ulceration. The blood vessels contain bright cherry red blood. The tricuspid, mitral, and pulmonic valves are slightly thickened but normal in size and circumference.

Respiratory System

The left lung weighs approximately 600 grams, the right, 650 grams. Both lungs are intensely congested, bright red, with bloody cherry red foamy fluid in the air spaces, heavy black soot along the bronchi into the distal branches, patent blood vessels. Dark soot extends along the tongue, mouth, nose, pharynx, larynx, and trachea. There are no obstructions. There are no injuries of the deep tissues of the neck, hyoid bone, or larynx.

digestive System

The esophagus and stomach contain reddish-brown fluid with no aromatic odor. The mucosa is intact throughout the esophagus and stomach. There is a 5 mm. ulcer at the duodenal edge of the pylorus with rounded edges and healed base. The duodenal mucosa is thick but intact. The small intestine in general contains bile-stained liquid. The appendix is normal. The colon contains soft brown feces. The liver weighs approximately 1500 grams and is bright red, normal in consistency. There are no lesions of the gallbladder, bile ducts, or pancreas.

Hemopoietic System

The spleen weighs approximately 60 grams and has a smooth capsule and a bright red congested cut surface. The bone marrow is dark red. Lymph nodes are not enlarged.

Genitourinary System

The left kidney weighs approximately 125 grams, the right, 120 grams. Both kidneys have granular external surfaces and numerous scars measuring up to 2 cm. in the cortex. On cut surfaces all tissues are bright red, and cortices are 6 mm. thick. The urinary tract is slightly dilated. The prostate gland is enlarged to 4 cm. and nodular. Each adrenal gland has a dull

January 5, 1995

Head

The head is opened through the usual intermastoid incision. The scalp is burned through on the left parietal region. The skull is entirely intact. The brain is bright cherry red, congested, slightly swollen, generally intact. The arteries are tortuous and sclerotic but patent. The cranial nerve roots and brain stem on intact. On cut surfaces the brain is bright cherry red, all structures are intensely congested and slightly swollen but intact. There are no foci of necrosis or hemorrhage. Pigmented nuclei are dark and distinct. There is no injury at the craniocervical junction or in the cervical spine or spinal cord. The spinal column is extensively involved by osteoarthritic, and the neck is rigid but not injured.

The pituitary and thyroid glands are bright red, normal in size.

PROVISIONAL AUTOPSY DIAGNOSES

1. Smoke inhalation, carbon monoxide intoxication; generalized charring burn
 - a. congested edematous lungs
 - b. congested cherry red brain and viscera
2. Enlarged heart with extensive severe calcific stenotic coronary sclerosis, old posterior myocardial infarct scar, calcific, stenotic aortic valve
3. Arteriosclerosis, nephrosclerosis
4. Nodular hyperplastic prostate gland
5. Chronic duodenal ulcer

Blood, bile, urine, gastric contents, vitreous fluid, and tissue samples are saved.

Paul McGarvey, M.D. 1-13-95
 Paul McGarvey, M.D.

1-05-95

Transcribed:

1-06-95 ktm

MAGNOLIA
CLIPPING SERVICE
JACKSON, MS (601) 958-4221
TUSCALOOSA, AL (205) 756-0810
SUN-HERALD
Birmingham, Mississippi
DAILY

JAN 5 '95

Pass man dies in fire he started

Son: Father wouldn't leave burning house

BY METRIC BOOKERS
THE SUN-HERALD
A PASS CHRISTIAN — An autopsy is scheduled today in the death of 44-year-old [redacted] who refused to leave his home after setting fire to his living room couch with a cigarette lighter.
The 11 a.m. fire Wednesday gutted the seven-room house at [redacted] Ave., where [redacted] lived at least 40 years.
[redacted] body was found by the front door with burns over nearly all of its

surface. His elder son, [redacted], 44, lived with him and pleaded with him to get out, said Police Investigator Tom Pusley. No one seemed to know why [redacted] stayed.
[redacted] a Pass Christian native and military veteran, retired 10 or 12 years ago as an engineering supervisor at the Veterans Administration Hospital in Gulfport. He had worked in bridge and road construction all along the Coast and in New Orleans. He outlived two wives.
[redacted], 43, one of [redacted] two daughters, said her father was

lone when she last saw him about 8 p.m. Tuesday.
"To be 74, Daddy was in very good health," [redacted] said. "He did everything for himself. He was very independent."
[redacted] sister, [redacted], 37, remembered her dad would "do without to give to someone else."
"He had no enemies," she said.
"He never missed a funeral," said [redacted] a wife, [redacted]. "God is in the plan. You don't know how or why these things happen."
Said [redacted], "I just never thought he would die like this."

950303 HEC-2047

651 0405
5051 2-0374

⑨
28 MAY 1994

1. CASE NO. 950203HCC2032	2. INVESTIGATOR'S ID <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8 0 2 9 </div>	3. OFFICE CODE <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8 3 0 </div>	EPIDEMIOLOGIC INVESTIGATION REPORT
4. DATE OF ACCIDENT <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 0 1 0 5 </div>	5. DATE INVESTIGATION INITIATED <div style="border: 1px solid black; padding: 2px; display: inline-block;"> YR MO DAY 9 5 0 2 1 4 </div>		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT A fire originated in what was believed to be an upholstered recliner type chair as the result of a 4 year old female playing with a cigarette lighter. No injuries were involved but the interior of the duplex apartment received heavy flame and smoke damage.			
7. LOCATION(Home, school, etc.) duplex apartment (living room)	8. CITY Minneapolis	9. STATE Kansas	
10A. FIRST PRODUCT upholstered chair	11a. TRADE/BRAND NAME, MODEL unknown	10B. SECOND PRODUCT cigarette lighter	
11B. TRADE/BRAND NAME, MODEL Bic		<div style="background-color: black; height: 20px; width: 100%;"></div>	
12. AGE OF VICTIM <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 9 9 </div>	13. SEX(Numerical code) Male -1 Female -2 Unknown-3 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 </div>	14. DISPOSITION no injury	15. INJURY DIAGNOSIS no injury
16. BODY PART no injury	17. RESPONDENT(S) fire and police personnel	18. TYPE INVESTIGATION On Site 1 Telephone 2 Other 3	19. TIME SPENT <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0 8 0 </div>
20. ATTACHMENTS multiple	21. CASE SOURCE newspaper	22. REVIEWED BY <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8 0 0 7 </div>	YR MO DAY <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 0 3 1 5 </div>
23. PERMISSION TO DISCLOSE NAMES (Non Neiss Cases Only) CPSC MAY DISCLOSE MY NAME <input type="checkbox"/> CPSC MAY NOT DISCLOSE MY NAME <input checked="" type="checkbox"/>			
24. NARRATIVE(See Instructions on Other Side)		25. REGIONAL OFFICE DIRECTOR REVIEW DATE	

(Use Other Side and Additional Sheets If Necessary)

An on-site was not conducted at the duplex'apartment where this incident occurred in Minneapolis, Kansas. Information in this report was provided by the assistant chief of police and the fire chief in Minneapolis, Kansas. Information was also provided by the Executive Director of the Minneapolis Housing Authority which is the establishment that owns the duplex apartment where the incident occurred.

According to all respondents, the mother of the child, who 'was . reportedly playing with a cigarette lighter which ignited an upholstered type chair, had no phone in the apartment when the incident occurred. The Executive Director of the Housing Authority indicated that the mother does not have a phone at the apartment where she is currently living. However, she stated she will ask her to contact the Atlanta Satellite Office. If additional information is received, it will be added as an addendum to this report.

PRE-ACCIDENT:

According to the local fire chief, on 1/5/95 a child (identified by the Executive Director of the Housing Authority as being a 4 year old female), was playing with a cigarette lighter. He stated the child's mother told him that she had gone next door to a car dealership to use the phone because she did not have a phone in her apartment. The Executive Director of the Housing Authority indicated that the mother of the child had a doctor's appointment on this particular day and someone was suppose to pick her up and they had not gotten there yet so she went to phone them. The Executive Director of the Housing Authority indicated that the mother was only a short distance from the child at the time she was using the phone. She stated she did not take the child with her because of all the snow on the ground.

The fire chief indicated that the child came out of the apartment into the facility where the mother was using the phone and told her that there was a fire in the apartment. The fire chief stated that when the child told the mother there was a fire in the apartment she did not believe her but when she returned to the apartment shortly thereafter she saw that the apartment was on fire.

According to the fire chief and as reflected in the attached Exhibit 3 KANSAS INCIDENT REPORT received from the fire chief, the apartment is a "DUPLEX TWO FAMILY DWELLING". The attached Exhibit 3 report indicates "AREA OF FIRE ORIGIN LIVING ROOM...FORM OF HEAT OF IGNITION CIGARETTE LIGHTER...TYPE OF

MATERIAL IGNITED RECLINER CHAIR...FORM OF MATERIAL IGNITED
UPHOLSTERED CHAIR..."

ACCIDENT:

On 1/5/95, at approximately 10:00 a.m. a fire originated in an upholstered recliner type chair. The fire chief indicated that the determination was made that the cause of the fire was due to a child playing with a cigarette lighter. The attached Exhibit 3 report received from the fire department states in part "FLAME/SMOKE DAMAGE TO INTERIOR THROUGHOUT REPORTEDLY CHILD PLAYING W CIGARETTE LIGHTER..." No injuries were involved but the interior of the duplex apartment received heavy flame and smoke damage according to the fire chief. The value of loss was estimated by the fire chief to be \$25,000.

None of the respondents knew the exact point of fire ignition on the upholstered recliner type chair involved in the fire. Also, no one knew whether or not the chair had ever been reupholstered. The Executive Director of the Minneapolis Housing Authority stated that there was a battery operated smoke detector in the apartment at the time the fire originated but she does not know whether or not it actually went off.

POST ACCTDENT:

According to the chief of police, when he arrived on the scene the house was engulfed in smoke and the recliner type chair had caught on fire as the result of a child playing with a cigarette lighter which he indicated was the determination of the fire officials. The police chief stated he only controlled traffic at the scene and assisted in making contact with the Red Cross for assistance for the family. He stated there is no police report on file pertaining to this incident.

The fire chief and the Executive Director of the Housing Authority indicated that the mother and the child had to move out of the apartment into another apartment within the same complex. The fire chief indicated he was unsure how much time had lapsed between the time the child left the apartment to tell the mother that the apartment was on fire and the time the mother actually returned to the apartment. However, the Executive Director of the Housing Authority stated the mother is not a negligent mother and she would not have left the child for any length of time.

PRODUCT INFORMATION:

The fire chief stated that the chair which ignited was some type of recliner type chair which he thinks is possibly an upholstered chair but he could not say for sure. He stated the type of material could not be determined because the chair was so badly burned. The assistant chief of police also indicated that he was unsure what type of chair it was but it did have some type of cotton stuffing. The Executive Director of the Housing Authority indicated that she thinks it was an old chair which could have possibly been given to the occupant. She too indicated that she believes the chair was an upholstered recliner type chair.

The second product involved in this incident is a cigarette lighter which the fire chief described as a badly burned lighter which he stated is labeled- Made in U.S.A. He described the lighter as being approximately 3" long and indicated it has a metal head with a thumb switch and thumb roller. He stated the lighter is pink in color. He indicated that he does not think it is a child resistant lighter but he stated the lighter is very badly burned. The address for the lighter was obtained from The Trade Names Dictionary as being [REDACTED], [REDACTED]

ATTACHMENTS:

- Exhibit 1 - ACCIDENT INVESTIGATION REQUEST FORM and newspaper article.
- Exhibit 2 - Report received from dispatcher who received call pertaining to the incident on 911.
- Exhibit 3 - Fire report received from the fire chief (KANSAS INCIDENT REPORT).
- Exhibit 4 - DATA RECOGNIZING SHEET FOR UPHOLSTERED FURNITURE FIRES.

CH10

950203³HCC2032
(KS)

ACCIDENT INVESTIGATION REQUEST FORM

Document Number G51-0197Date of Incident 9/5/05Category I.D. BUNN251995

Follow-up Requested

Hazard Analysis ☐Section 15 ☐

Type Follow-up Requested

Telephone Call ☐On-Site ☒Headquarters Contact Linda Smith (301) 504-0470, Extension (RTS)

Assignment Message

Please contact victim's to see if a sample of ignited chair can be obtained. Find out what part of the chair ignited (if possible). If second hand furniture, find out how long in possession. Explain how child became involved with lighter and if lighter had safety feature.

Follow revised page 9 of September 1994 guideline, "Upholstered Furniture Fires (For Open Flame Ignition Fires Only)," for sample collection.

Describe incident scenario; photograph and identify manufacturer, model number and brand name of all products involved (cigarette lighter and overstuffed chair). Please obtain fire incident report, medical, insurance and any other report of incident.

Person(s) to Contact _____

Guideline _____

Requested By S. KellyTask Number 950203HCC2032Assigned to CH10Date 2/3/95

EAL

950203 HCC 2032

65170197

JAN 24 1995

Press Clipping Division
Kansas Press Assn., Inc.
6423 SW 7th Street
Topeka, Kansas 66606-2330

TC20

KANSAS
Salina Journal
D. 29,885

JAN - 6 1995

**Two escape injures in
fire at Minneapolis**

MINNEAPOLIS — A woman and her young daughter escaped their apartment in Minneapolis without injury Thursday as fire gutted the living room.

Ottawa County Sheriff Kenneth White said it appeared the fire started because the girl, about 5 years old, was playing with a *rette lighter near an overstuffed chair.

"They got out, thank God, and were safe when we got there," White said.

The fire was reported shortly after 10 a.m. by a business owner near an apartment complex of one and two-bedroom duplexes.

White said the apartment where the woman, ~~whose name was not~~ and her daughter lived was filled with smoke and flames when fire-fighters arrived. It took about 15 minutes to extinguish the fire.

Most of the damage was confined to the living room.

John Degand, volunteer disaster chairman with the North-Central Chapter of the American Red Cross in Salina, said two volunteers were in Minneapolis to help the woman and her child with food, clothing and other needs.

950203 HCC 2032

EX. 1

911

Date: 1-5-95 Time: 1007 AM
Person Reporting Fire H & H Auto Plaza
Location 110 90th/
Other Apartment on fire
Name Marie Ballou

950203 HCC 2032

Attn: Jimmie Barrett

Ref:



Apartment fire

EX. 2

950203 Hc 2032

FAX COVER SHEET

FAX TRANSMITTAL SHEET

DATE: 3-13-95

FROM: Dave Rupert mpis. F.D.

NUMBER OF PAGES (INCLUDING COVER SHEET): 3

TO: Jimmit Barrell

COMPANY: _____

REGARDING: Appt. juno

EX. 3

KANSAS UNIFORM FIRE INCIDENT REPORTING SYSTEM (K-FIR)
KANSAS STATE FIRE MARSHAL DEPARTMENT

MINNEAPOLIS OTTAWA CO #2 Fire Department

KANSAS INCIDENT REPORT

FBI In This Report
In Your Own Words

K-FIR-1 1/87
(Version 4)

FID# OT 201	INCIDENT NO. 9510101030001	Exp No. 01	MO. 01	DAY 05	YEAR 95	DAY OF THE WEEK THURSDAY	ALARM TIME 151011	ARRIVAL TIME 1015	TIME IN SERVICE 1115
TYPE OF SITUATION FOUND 11—Structure fire 12—Outside storage-trailers 13—Vehicle fire 14—Brush, grass fire 15—Trash, rubbish fire 16—Explosion—no fire 22—Emergency medical call 34—Search 35—Eviction 36—Rescue—not classified 41—Spill, leak without ignition 42—Excessive heat 44—Power line down 45—Arising electric equipment 46—Arrest stand by 47—Chemical emergency 48—Hazardous conditions stand by 50—Smoke, odor removal 55—Unauthorized burning 61—Strike score 63—Controlled burning 71—Malicious false 72—Bomb scare 73—System malfunction 74—Under-bored hole — Other (specify)									
TYPE OF ACTION TAKEN 1—Extinguishment 2—Rescue 3—Investigation only 4—Remove hazard 5—Standby 6—Salvage 7—Ambulance service 8—Fill in, move up, transfer									
FIXED PROPERTY USE (Occupancy) DUPLEX TWO FAMILY DWELLING 14114									
CORRECT ADDRESS 1145 ROCK									
OCCUPANT NAME MINNEAPOLIS HOUSING AUTHORITY									
OWNER NAME MINNEAPOLIS HOUSING AUTHORITY									
METHOD OF ALARM FROM PUBLIC 1—Telephone direct 2—Municipal alarm system 3—Private alarm system 4—Radio 5—Verbal 6—No alarm received 7—Fire (911) 8—Voice signal municipal alarm signal									
NO. FIRE SERVICE PERSONNEL RESPONDED 10019									
NO. INCIDENT-RELATED INJURIES (COMPLETE KFRS 3) FIRE SERVICE OTHERS									
COMPLEX HOUSING DUPLEX									
MOBILE PROPERTY USE 08 <input type="checkbox"/> N/A YEAR 10B									
EQUIPMENT INVOLVED IN IGNITION (IF ANY) 08 <input type="checkbox"/> N/A YEAR 91B									
FORM OF MEAT OF IGNITION (Heat Source) CIGARETTE LIGHTER 114									
TYPE OF MATERIAL IGNITED (Composition) RECLINER CHAIR									
METHOD OF EXTINGUISHMENT 1—Self extinguished 2—Auto shift side 3—Portable extinguisher 4—Automatic extinguishing system 5—Pre-connect hose/standby only 6—Pre-connect hose/standby draft standpipe 7—Hand-held hose/hydrant, standpipe 8—Master stream device									
LEVEL OF FIRE ORIGIN 1—Grade level to 8 ft 2—10 to 19 feet 3—20 to 29 feet 4—30 to 49 feet 5—50 to 70 feet 6—Over 70 feet 7—Objects in flight 8—Below ground level									
NUMBER OF STORES 1—1 story 2—2 story 3—3 to 4 stories 4—5 to 6 stories 5—7 to 12 stories 6—13 to 24 stories 7—25 to 49 stories 8—50 stories or more									
CONSTRUCTION TYPE 1—Fire resistant 2—Heavy timber 3—Protected noncombustible 4—Unprotected noncombustible 5—Protected ordinary 6—Unprotected ordinary 7—Protected wood frame 8—Unprotected wood frame									
EXTENT OF DAMAGE Confined to the object of origin Confined to part of room or area of origin Confined to room of origin Confined to the fire-rated comp. of origin Confined to floor of origin Confined to structure of origin Extended beyond structure of origin No damage of this type (N/A) Undetermined or not reported									
TYPE OF MATERIAL GENERATING MOST SMOKE (Composition) MAN MADE FABRIC, FIBER 711									
AVENUE OF SMOKE TRAVEL 1—Air handling duct 2—Corridor 3—Elevator shaft 4—Stairwell 5—Opening on construction 6—Utility opening in wall 7—Utility opening in floor 8—No avenue of smoke travel (N/A)									
FORM OF MATERIAL GENERATING MOST SMOKE (Use) UPHOLSTERED RECLINER CHAIR									
TOTAL ACRES BURNED SIZE CLASS ACRES SUPPRESSION COST # OF VOLUNTEERS									
NAME OF RAILROAD RAILROAD MILEPOST									
DRIVER-IN-CHARGE (Name, Position, Assignment) DAVID RUPERT CHIEF									
MEMBER MAKING REPORT (If different from above) 5 JAN 95									
QUALITY CONTROL BY INVESTIGATED BY									

Initial Copy—Fire Department
 Volume Copy—State Fire Marshal

EX-3

950203 HCC 2032

Incident # 950003

Date Filed _____

City of Minneapolis/Rural File Dist. #2
Incident Report Form

Date 5 JAN 95 Day of Week THURSDAY

Time of Alarm 10:11 (AM) PM (Circle One) Location of

Incident _____ Name of

Property Owner MINNEAPOLIS HOUSING AUTHORITY Address 114-

SOUTH ROCK Phone # _____ Name of Occupant/

Driver if different from above _____

Address _____ Phone # NO PHONE

Tag # N/A Year _____ Make/ Model _____

_____ Describe situation found and action taken

(use back for additional info.) DUPLEX APARTMENT

FLAME/SMOKE DAMAGE TO INTERIOR THROUGHOUT

RECEIVEDLY RUBLO PLAYING W CIGARETTE LIGHTER (BY ^{KEN WHITE} ~~RY~~ _{REMOVED})

Name any other departments that responded N/A

Number of Dept. personnel responding 9 circle units

responding (9) 4, (5) (6) 8, (10) tanker Was anyone

injured? Yes (No) Firemen Yes (No) Civilians Yes (No)

Was anyone removed from the scene in ambulance Yes (No)

Was anyone killed Yes (No) How many N/A estimated

value of loss \$25000 Is the incident suspicious? Yes

No Does the incident require further investigation Yes

No Time in service 1115 Person completing report

DAVID RUREK

EX-3



INVESTIGATION GUIDELINE

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES

(To be attached to CPSC Form 182, Epidemiologic Investigation Report
along with a copy of the Fire Incident Report)

Task Number 950203HCC2032 Incident Date 1/5/95

A. PRODUCT DESCRIPTION: /I Sofa/Couch ☒ Chair ☐ Sofa bed /I Other _____

1. Was upholstered furniture slipcovered? ☐ Yes ☐ No ☒ Unknown

2. Had it been reupholstered? ☐ Yes ☐ No ☒ Unknown

3. Manufacturer/Distributor/Brand unknown

4. Purchased: ☐ New /I Used ☒ Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: Unknown Furniture Age unknown

6. Standard ~~Certification~~ Labeling; e.g., UFAC or California standard: (Copy)

unknown

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

☐ Skirt ☐ Seat cushion ☐ Inside back ☐ Inside arm

☐ Back ☐ Side ☐ Underside ☐ Crevice

/I Welt Cord ☐ Tuft ☐ Other unknown

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

☒ LT 5 yrs. old ☐ 5 - 14 ☐ 15 - 64 ☐ 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

☒ lighter ☒ Match ☐ Candle ☐ Heater ☒ Fireplace

☐ Other (specify) _____

☐ Unknown



INVESTIGATION GUIDELINE

950203HCC2032

If lighter, specify type: ☐ Child-resistant ☐ Not child-resistant ☒ Unknown.

If match, specify type: ☐ Book ☐ Box ☐ Unknown

If heater, specify fuel source and distance from furniture:

Fuel source Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

☒ Yes ☐ No ☐ Unknown

If yes, specify type: Battery Operated.

8. Detector went off (alarmed)?

☐ Yes ☐ No ☒ Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

10. About **how soon** was the fire discovered after it started? shortly

F. VICTIM(S)

0 Number of Deaths 0 Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

☒ Less than high school ☐ High school ☐ Some College

12. Total household income: unknown

☐ LT \$15,000 ☐ \$15,000 - \$34,999 ☐ \$35,000 +

13. Approximate home market value: unknown

☒ Rent ☐ Own

General Description: Provide general description, including **all other relevant factors and information** on the investigation form.

Ex 4

1. CASE NUMBER 950203HWE5013		2. INVESTIGATOR'S ID 8320		22 FEB 1995		EPIDEMIOLOGIC INVESTIGATION REPORT	
3. OFFICE CODE 860	4. DATE OF ACCIDENT 941227	5. DATE INITIATED 950207					
5. SYNOPSIS OF ACCIDENT OR COMPLAINT A two-year old child playing with a recently purchased inexpensive cigarette lighter ignited the house sofa. The resulting fire destroyed most objects in the apartment and caused some fifteen-thousand dollars of structural damage. Both the sofa and lighter remain unidentified.							
7. LOCATION(Home, School, etc.) Home 10			a. CITY Marysville			9. STATE California, CA	
10A. FIRST PRODUCT Couch, 0679			10B. TRADE/BRAND NAME Unknown			10C. MODEL NUMBER Unknown	
10D. MANUFACTURER NAME AND ADDRESS Unknown							
11A. SECOND PRODUCT Cigarette Lighter, 1604			11B. TRADE/BRAND NAME Unknown			11C. MODEL NUMBER Unknown	
11D. MANUFACTURER NAME AND ADDRESS Unknown							
12. AGE OF VICTIM 999	13. SEX 9	14. DISPOSITION No Injury, 0		15. INJURY DIAGNOSIS No injury, 70			
16. BODY PART(S) INVOLVED No Injury, 99	17. RESPONDENT Victim, 1	18. TYPE OF INVESTIGATION Telephone, 2		19. TIME SPENT (Operational hours) 1 9 5.0			
20. CATEGORY ID BUNN 25 1995.	21. CASE SOURCE F525013 Newspaper, 05		22. SAMPLE COLLECTION NUMBER None				
23. PERMISSION TO DISCLOSE: NAMES (Non Neiss Cases Only) YES: NO: There is no signed document regarding the release of name.							
24. REVIEW DATE 950217	25. REVIEW BY 8101			26. REGIONAL OFFICE DIRECTOR			
27. DISTRIBUTION O: EPDS cc: SFRO							

The contents of this report are based on a telephone interview with the (adult) victim, on the fire report, and on the newspaper account of the event.

PRE EVENT:

Scene of the event is an apartment in a small northern California community. At the time of the event, the apartment was occupied by the tenant, a 21 year old woman with three children aged 2, 3, and 4 years, and the woman's sister aged 18. The mother, -- the legal tenant of the apartment -- was the owner of the subject product, a convertible-type sofa (one that can be made into a bed) which was located in the living room. She had purchased the sofa a year prior from a co-worker. It was an old sofa. It was upholstered and had stuffed pillows; she never knew the brand name. According to the mother, the subject cigarette lighter was only about 10 days old; she had purchased it at a local convenience store.

DURING:

Toward about 11:00 on the morning of the day of the event, the 21 year old was sitting on the sofa which was open (bed part was out). Her two year old son was playing on the floor. Leaving her cigarettes and cigarette lighter on the television set -- she went about the apartment doing some chores. The family dog was asking to be left out and was scratching on the kitchen door. She opened the door for the dog. Upon returning to the living room,, she saw the section of sofa nearest the front door burning and her cigarette lighter in the hands of her two year old son. The mother pulled the lighter from his hand, screamed for her sister, and started beating the sofa with a comforter-type blanket. Unfortunately, instead of the blanket putting the sofa fire out, the sofa fire ignited the blanket, and the occupants ran out. The resulting fire swept through the living room into the kitchen destroying nearly everything in the apartment and causing some fifteen-thousand dollars of structural damage.

POST EVENT:

Both products of interest were destroyed in the fire.

FOLLOW-UP:

I traveled to the retail store that had allegedly sold the cigarette lighter. All the cigarette lighters on display -- there were over fifty -- were of the child resistant type. An employee there, who appeared to be the owner would not give his name or state his position with the firm. He knew what a child-resistant lighter was; I asked to look at those being offered for display (the box was on a rear shelf behind the counter). He told me that they were all child resistant and gave me the box for my inspection. He said he knew nothing of the event and that there had not been any non-child resistant lighters in the store two weeks (or thereabout) prior to the event, or even at a recent time prior. He was very cautious and avoided further discussion of the event.

PRODUCT DESCRIPTION:

There are two products, both unidentified. The first is a sofa, the second a non-child resistant cigarette lighter.

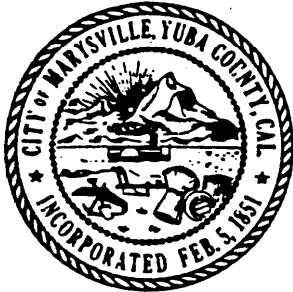
SAMPLES COLLECTED:

None

LIST OF EXHIBITS:

Exhibit: Fire report, 2 pages.

950203 HWE 5013



INCIDENT RUN

MARYSVILLE FIRE DEPARTMENT

107 9th STREET ♦ MARYSVILLE, CA 95901 ♦ (916) 741-6622

INCIDENT # 94-12-1918DATE 12-27-94The Rec 1051 On-Scene 1053 Comp Assgn 1226 Rtn Qt _____ Time In 1229INCIDENT LOCATION 1626 Cumi skey UNITS RESPONDED 200 211 237 217 213'

TYPE OF INCIDENT:

☐ MEDICAL AID☒ FIRE Structure☐ FALSE ALARM☐ MUTUAL AID☐ ACCIDENTAL ALARM☐ HAZ MAT☐ PUBLIC ASSIST☐ OTHER _____

INDIVIDUAL ASSISTED _____ AGE _____ ADDRESS _____

OCCUPANT Sabrina Comstant ADDRESS 1626 CumiskeyOWNER/RESPONSIBLE Glenda Miller (Manager) ADDRESS 613 17th st.INSURANCE CO. _____ LOSS: Bldg. \$ 15,000 Cont. \$ 5,000

Vehicle \$ _____ Other \$ _____

Recieved a report from dispatch for a structure fire. Observed smoke in route. On arrival found a single family, single story, wood frame structure involved. Smoke and flames coming from the front living area of the structure. Had 217 lay a supply line while Marcucci and Brown attacked the fire with a 150' live line. Power to the structure was turned off by 203, and P.G.E. was requested to respond at that time. 200 arrived on scene and took over as I.C., he requested 213 and 210 respond, also for a unit from Linda fire respond for station coverage. Once fire was controlled on the bottom floor we proceeded check the attic and wall spaces for extension. Fire was found extending into the attic, also through the walls in the living room area. Once fire extension was contained and all areas where overhauled. Fire investigation was conduct&d, with a follow-up report to be attached. After fire operations^{ere} completed all units cleared scene and returned to quarters. FF. King stood-by on scene untill proper+lv management company returned to scene to secure structure. Damage to the structure was fire damage in the living room, dining room, kitchen and hal lway area-s, also minor extension in to the attic area and front exterior of the structure. Smoke damage -was trough out the structure. Water damage was ☒ Continued On Reverse

SHIFT RESPONSE: Brown DiMaggio Haile Klaker EllisOFF-SHIFT RESPONSE: Waggershauser Ajuria Eicholtz SkinnerRESERVE F.F. RESPONSE: King Bernardis Burqeson

[Signature] [Signature] [Signature] [Signature]

SUPPLEMENTAL REPORT 1626 CUMISKEY, 12/27/94

On December 27th, 1994 I was called to the scene of a fire at 1626 Cumiskey by Chief Ellis. Upon arrival I was asked by Chief Ellis to interview the occupants of the fire building.

I found the occupants in an apartment accross the street. The owner of the rental agreement, Sabrina Comstant, age 21 stated that the house was occupied by herself, her three children, ages 2, 3, & 4 and her 18 year old sister Lynette Comstant.

She stated that at the time of the fire her sister was asleep in the bedroom, her 3 and 4 year olds were in the rear of the house and her 2 year old was in the living room.

Sabrina stated that prior to the fire she had been sitting on an opened "Hide-a-bed" in the living room while her 2 year old son played with toys on the floor. She went to the kitchen and bathroom to clean up her older sons hands. At that time she stated she had left her cigarettes and lighter on the T.V. stand which was accross the room from the "Hide-a-bed". She returned to the living room for a short time befor she again left the room to open the kitchen door for the dog who was scratching to be let in.


Upon returning to the living room she found the corner of the "Hide-a-bed" nearest the front door burning and her cigarette lighter in the hand of her 2 year old son. She stated that she pulled the lighter from his hand and while screaming for her sister, attempted to extinguish the fire with a comforter type blanket. She stated that the blanket started to burn and had no effect on the fire. As her sister lead the other two children out of the back door, she pulled the 2 year old out the front door.

Lynette Comstant stated that she was awoken by her sisters screams and upon entering the living room, grabbed the older two children and exited out the back door.

After walking through the fire building I advised Sabrina of the extent of the damage and gave her a photo album and stack of pictures which appeared to be undamaged which I found on the bedroom floor. I also advised her of possible assistance she may recieve from American Red Cross.

Sabrina stated she had no renters insurance and had no fire insurance on the vehicle which was parked in the driveway. She also stated that she would contact the managment company responsible for the house. (Marymead Park Associates, 612 East 17th St. 916 - 743-5482) Resident Manager - Glenda Miller

Bob Eicholtz



Marysville, CA
(Yuba Co.)
Appeal-Democrat
(Cir. 6xW. 24.200)

DEC 28 1994

Families feel fire's sting



Marysville firefighter Charles Brown stops to rest on the roof of a home which burned in the 1600 block of Cuminsky Street in Marysville Tuesday. Samantha Dorger/Appeal-Democrat

Belongings lost in Marysville blaze started by toddler

Brenna O'Boyle
Appeal-Democrat

A Marysville family lost 5.11 of their belongings Tuesday morning after a fire started by a 2-year-old boy swept through their home.

The fire started about 10:50 a.m. in the living room of the home at 1626 Cumiskey St.

[redacted] said her daughter, [redacted] came out of her kitchen and found the couch on fire. [redacted] said the fire started after her grandson, [redacted] found a

lighter.

[redacted] took a blanket and tried to hit it out, [redacted] said. "And, I guess it just fanned it, instead of putting it out."

[redacted] got her three children and her sister [redacted] safely out of the house after unsuccessfully trying to beat back the flames.

Within two minutes of a call to 911, 12 Marysville firefighters arrived at the house. It took four minutes to knock down the blaze, which raced from the living room into the kitchen, said Chief John Ellis.

There was \$15,000 in structural damage and just about everything inside was lost, he said.

"What wasn't damaged by the fire was damaged by the smoke," said Engineer Chris Haile.

The value of the lost contents was estimated at \$5,000.

The [redacted] were renting the house through Marymead Park, a group that handles several subsidized housing projects for HUD or the Housing and Urban Development Department, said Gleada Miller with the property management company.

"We don't have anything available at the present time (for them to rent into)," Miller said. "When you have low income, you usually don't have vacancies sitting around."

She said the house is insured by [redacted] owners.

The Constants are staying with [redacted] relatives.

Friends and co-workers of [redacted] who works part-time at [redacted] Bar & Restaurant, are collecting money and clothing day after tomorrow to help the family.

PHONE 1911 174-6622

11-12
A.M.

(916)
HOME 791-1729

call 1-800-8-1011
call 88-5-1011



INVESTIGATION GUIDELINE

Attachment A
DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES
(To be attached to CPSC Form 182, Epidemiologic Investigation Report
along with a copy of the Fire Incident Report)

Task Number 950203 HWE5013 Incident Date 941227

A. PRODUCT DESCRIPTION: ☒ Sofa/Couch ☐ Chair ☐ Sofa bed ☐ Other _____

1. Was upholstered furniture slipcovered? ☐ Yes ☒ No ☐ Unknown

2. Had it been reupholstered? ☐ Yes ☐ No ☒ Unknown

3. Manufacturer/Distributor/Brand UNKNOWN

4. Purchased: ☐ New ☐ Used ☒ Unknown

If used, specify how obtained (e.g., garage sale, etc.) PURCHASED FROM CO-WORKER

5. Date Furniture Purchased: YEAR AGO Furniture Age UNKNOWN

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

UNKNOWN

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

☐ Skirt ☐ Seat cushion ☐ Inside back ☐ Inside arm

☐ Back ☒ Side ☐ Underside ☐ Crevise

☐ Welt Cord ☐ Tuft ☐ Other _____

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

☒ LT 5 yrs. old ☐ 5 - 14 ☐ 15 - 64 ☐ 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

☒ lighter M a t c h ☐ Candle ☐ Heater F i r e p l a c e

☐ Other (specify) _____

☐ Unknown



INVESTIGATION GUIDELINE

If lighter, specify type: ☐ Child-resistant ☒ Not child-resistant ☐ Unknown

If match, specify type: ☐ Book ☐ Box ☐ Unknown

If heater, specify fuel source **and** distance from furniture:

_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

☒ Yes ☐ No ☒ Unknown

If yes, specify type: _____

8. **Detector** went off (alarmed)?

☐ Yes ☐ No ☒ Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

10. About how soon was the fire discovered after it started? IMMEDIATELY

F. VICTIM(S)

0 Number of Deaths 0 Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

☐ Less than high school ☒ High school ☐ Some College

12. **Total household** income:

☒ LT \$ 15,000 ☐ \$15,000 - \$34,999 ☐ \$35,000 +

13. Approximate home market value: _____

☒ R e n t ☐ Own

General Description: Provide general description, including all other relevant factors **and** information
-on the investigation form.

91 MAR 1995

(11)

1. CASE NUMBER 950213HNE5166		2. INVESTIGATOR'S ID 8951		3. OFFICE CODE 800		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. INCIDENT DATE YR MO DAY 0314		5. DATE IDI INITIA TED YR MO DAY 0314					
6. SYNOPSIS OF INCIDENT OR COMPLAINT A 44 year old man was the victim of a house fire, wherein he died of smoke and soot inhalation. The immediate cause of the fire was a lighted candle which fell onto an over-stuffed sofa in the room. The candle was in constant use as this was during the holiday period and were a portion of the families religious practice.							
7. LOCATION Home		8. CITY Philadelphia		9. STATE P A			
10A. FIRST PRODUCT Candle(s)		0463		11A. TRADE/BRAND NAME, MODEL NUMBER MANUFACTURER & ADDRESS Unknown			
10B. SECOND PRODUCT Over-Stuffed Sofa		0679		11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown			
12. AGE OF VICTIM 044		13. SEX 1		14. DISPOSITION Fatality		15. INJURY DIAGNOSIS Anoxia	
16. BODY PART All Parts		17. RESPONDENT(S) Fire/Police Officials		18. INVESTIGATION TYPE 3		19. TIME SPENT 07.0	
20. ATTACHMENTS Documents		21. CASE SOURCE Fire Department		22. REVIEWED BY 8165		23. YR MO DAY 950327	
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME ____ CPSC MAY NOT DISCLOSE MY NAME <u>X</u>							
24. NARRATIVE (See Instructions on Page 21)				25. REGIONAL DIRECTOR REVIEW DATE			
(USE ADDITIONAL SHEETS IF NECESSARY)							

950213~5166

PRE-INCIDENT

This report is based upon information obtained from the files and interviews of medical examiner and fire marshal personnel. The wife of the victim was interviewed by police, however she declined to be interviewed by this agency, citing difficulties with the language and having nothing further to add.

The family consisting of a husband and wife lived on the first floor of a three story brick home. The families religious background was that of Orthodox Greek and as such the family was very much into the practice of this religion. As this was the Christmas holiday period, the practice of having lighted candles to celebrate was followed by this family. Throughout the house candles burned in celebration and in the first floor middle room several candles were continually being kept lit. At least one candle was kept burning, which was located on a wooden shelf directly above an over stuffed sofa on the north side of the room. On Christmas day the family had celebrated and observed the holiday. Eating, drinking and normal celebration was the order of the day.

INCIDENT

At about 2042 hours (8:42 p.m.) or in a period of time just before this, a lighted candle had apparently fallen from the wooden shelf above the sofa and landed on the sofa. This according to the fire investigators was the point of origin for this fire, based upon the burn patterns on the sofa of deep charring; the spring collapse and total destruction of the fabric of the sofa.

POST-INCIDENT

The fire took about three hours to put out. Several persons were rescued from the floors above. The fire claimed the life of the victim, a forty four year old man (DOB: 11/13/50) who was found in the room near the sofa. Post mortem findings indicate that he had died due to smoke and soot inhalation. No autopsy or toxicology was performed in this incident.

The candles were described as being ordinary type as purchased from a local discount store in white and various holiday colors. No information could be obtained on the sofa as to make, model or manufacturer. It was described as a piece of furniture which had been in the family for about twenty or so years.

PRODUCT IDENTIFICATION

1. Candle, waxed type, no further information.
2. Sofa, over-stuffed, no further information.

STANDARDS

Unknown.

EXHIBITS

- Exhibit 1 - 1994 Fire Marshal's Incident Report #943590457.
- Exhibit 2 - Post Mortem findings, dated 12/25/94.
- Exhibit 3 - Request for investigation sheet from the medical examiner's office, City of Philadelphia, PA.



INVESTIGATION GUIDELINE

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES

(To be attached to CPSC Form 782, Epidemiologic Investigation Report
along with a copy of the Fire Incident Report)

Task Number 950243 HNE SIGG Incident Date 04/12/25

A. PRODUCT DESCRIPTION: ☒ Sofa/Couch ☐ Chair ☐ Sofa bed ☐ Other _____

1. Was upholstered furniture slipcovered? ☐ Yes ☐ No ☐ \$/Unknown

2. Had it been reupholstered; ☐ Yes ☒ No ☐ Unknown

3. Manufacturer/Distributor/Brand Unknown

4. Purchased: ☐ New ☒ Used ☐ Unknown

If used, specify how obtained (e.g., garage sale, etc.) Pass on thru family

5. Date Furniture Purchased: Unknown Age at least 15 yrs old

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

UNK

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

☐ Skirt ☐ Seat cushion ☐ Inside back ☐ Inside arm

☐ Back ☐ Side ☐ Underside ☐ Crevice

☐ Welt Cord ☐ Tuft ☐ Other _____

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

☐ LT 5 yrs. old ☐ 5 - 14 ☒ 15 - 64 ☐ 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

☐ Lighter ☐ Match ☒ Candle ☐ Heater ☐ Fireplace

☐ Other (specify) _____

☐ Unknown

950213HNE5166

EXHIBIT # 1

ADD

EDIT

EXIT

SAVE

1994 FIRE MARSHAL'S INCIDENT REPORT

DISP# : 943590457 DATE : 12/25/94 CENSUS : 178 COMPANY : E25 BN : 10

LOCATION: [REDACTED] COMP CAUSE : UIFMO ALARMS : 1

DISP TIME : 20:42 RET TIME : 23:23 SRV TIME : 02:41 DAMAGE : \$40,000.00

FIRE MARSHAL : YOUNG IGN FACTOR : 34 IGN SOURCE : 44

FIRE MARSHAL'S CAUSE
OPN/FLM

IGN METHOD : CANDLE

were INJURIES : N
there
any: DEATHS : Y
Y/N

CLASS : A CONSTRUCTION : BRICK STORIES : 3 Place and "X" if
VACANT :
OCCUPANT : [REDACTED] OCC PHONE : UNK
OWNER : SAME OWN PHONE :
OWN ADDRESS : SAME
TRADE NAME : CORP NAME :

Utilities - (0=not present, I =Illegal)

GAS : ELEC : WATER :

POL DIST : 24 DC# : 94-24-79261 LAB# : VCU# : 94-1029

DETECTIVE : SCULLIN DET CONT# : 94-EDD-16637

JAD OFF : JAD CONT# :

Place and "X" in the boxes if an arrest was made, a juvenile arrest, drug related or asian related

ARREST : JUV : DRUGS : ASIAN :

SUMMARY : FIRE ORIGINATES 1ST FLOOR MIDDLE ROOM ALONG NORTH WALL IN SOFA. EXTENDS TO WALL AND CEILING TO INVOLVE ENTIRE ROOM WITH EXTENSION TO HALLWAY AND UP OPEN STAIRS TO 2ND AND 3RD FLOOR HALLWAYS. 3 PEOPLE RESCUED FROM 2ND FLOOR FRONT VIA PORTABLE LADDERS BY E.25. FOUND IN ROOM OF FIRE ORIGIN WAS [REDACTED] W/M DOB 11/13/50 TRANSPORTED TO MEO VIA EPW. MEO #94-6001. WIFE [REDACTED] SAYS THEY HAD CANDLES THROUGHOUT HOUSE FOR RELIGIOUS REASONS. SEVERAL IN ROOM OF ORIGIN. AT LEAST ONE ABOVE SOFA ON A WOODEN SHELF. BURNED SOFA INDICATE DEEP CHARRING TO INTERIOR WOOD FRAMING WITH SPRING COLLAPSE AND TOTAL DESTRUCTION TO FABRIC OF SOFA. FLOOR BELOW THE SOFA WAS CLEAN. HOWEVER, THE BASEBOARD IN THIS AREA WAS VERY HEAVILY CHARRED INDICATING SUSTAINED HIGH HEAT TO THE UPPER AREA OF THE SOFA.

12-25-54

44 M W

meoperw-ftp 10-25-94 e: \pcc\otm\otm

REQUEST FOR INVESTIGATION

CITY OF PHILADELPHIA
OFFICE OF THE MEDICAL EXAMINER
DEPARTMENT OF PUBLIC HEALTH

11-13-50

44 M W

REPORT RECEIVED BY <i>C. B. Spunill</i>	DATE <i>12/25/94</i>	TIME <i>10³¹</i>	AM <input checked="" type="checkbox"/>	CIRCUMSTANCES <i>Fire Victim brought in</i>
REPORTED BY <i>P/O FERREIRA</i>	<i>5573</i>	<i>246</i>	ST	<i>Unannounced</i>
PLACE OF PRONOUNCEMENT <i>MED</i>	DATE <i>12-25-94</i>	TIME <i>10³¹</i>	AM <input checked="" type="checkbox"/>	<i>Decedent found in</i>
NAME OF PRONOUNCING PHYSICIAN <i>DR. HOOB/PORK</i>				<i>middle ROOM of above</i>
ADDRESS OF PRONOUNCING PHYSICIAN <i>MED</i>				<i>Residence that was on fire</i>
<input checked="" type="checkbox"/> D.O.A. <input type="checkbox"/> Admitted	DATE ADMITTED	TIME ADM.	AM PM	
BROUGHT TO HOSPITAL BY <i>EPW 731</i>	DATE	TIME	AM PM	<i>1-1/1</i>
APPARENT PLACE OF DEATH <input type="checkbox"/> Where found <input type="checkbox"/> Unknown <input type="checkbox"/> Enroute to HOSP.: <input type="checkbox"/> Receiving Rm. <input type="checkbox"/> Ward				
WHERE WAS DECEDENT ORIGINALLY FOUND				
OCCUPATION AND WORK PERFORMED				
NAME AND ADDRESS OF EMPLOYER				
BODY ORDERED BY TO O.M.E.	DATE	TIME	AM PM	VIA <input type="checkbox"/> OME <input type="checkbox"/> Police
NOTIFICATIONS				REPORT (S) TO FOLLOW
NOTIFIED	BY	DATE	TIME	IDENT.
RELATIVES <i>Up at June</i>				<input type="checkbox"/> Phone <input type="checkbox"/> OME
MED. AGENCIES				<input type="checkbox"/> Yes <input type="checkbox"/> No
OFFICIAL AGENCIES				<input type="checkbox"/> Yes <input type="checkbox"/> No
HOSPITAL REQUESTS AUTOPSY	LEGAL CONSENT BY (Relationship)			AUTHORIZED
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Refused			<input type="checkbox"/> Yes <input type="checkbox"/> No
TOXICOLOGY REQUESTED	BY			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
COMMENTS <i>[REDACTED]</i>				
WON-JURISDICTIONAL STATUS				
<input type="checkbox"/> No Jurisdiction <input type="checkbox"/> Terminated		BY DATE		
REVIEWED BY	DATE	APPROVED BY	DATE	PROBABLE C.O.D.

PHILADELPHIA FIRE DEPARTMENT
FIRE MARSHAL'S OFFICE
INCIDENT REPORT

Disp. # 94-359-0457

Police Dist. # 24

Unfounded ()

LOCATION [REDACTED] AVE

DATE 12/25/94 TIME 2042 COMPANY # E25

TYPE OCCUPANCY DWELLING

ESTIMATED VALUE OF PROPERTY DAMAGE \$40,000

STORIES 3 CONSTRUCTION BRICK

OCCUPANT/OWNER NAME [REDACTED]

ADDRESS SAME PHONE

TRADE NAME

ASSIGNED F.M. LT. H. Young POLICE D.C. # 94-24-79261

DETECTIVE SCULLIN DET. CONTROL # 94-EDD-16637

JAD OFFICER JAD CONTROL #

FIRE CAUSE

ARREST: Y () N () IF YES, JUVENILE () ADULT ()

INVESTIGATION: Fire originated 1st floor middle room along north wall in an over stuffed sofa. Fire extends to walls, ceiling, & floor carpeting to involve the entire room. Fire extends to 1st floor hall & up open stairs to 2nd & 3rd floor hallway. 3 occupants rescued via PFD from 2nd floor front via portable ladders. [REDACTED] w/m age 44 DOB 11/13/50 found in room of fire origin by E25. He was transported to MED via Police Hagon. MED #94-6001.

In room of origin heavy char to baseboard behind sofa on north wall with almost total consumption of sofa. Floor below sofa was clean. Deceased wife states that there were many candles lit throughout house with some

REMARKS: on the wall behind the sofa.

Photos via VC-1, On location was PIO Capt. Nasso

PGW. Mr. James Jones

4105 168TH

ASST. F.M.

950213 HWE5166

LOCATION

N52-
0039A

BUNW25

25 APR 1995

1. CASE NO. 950303HCC2049		2. INVESTIGATOR'S ID 8 7 2 4		3. OFFICE CODE 8 3 0		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. DATE OF ACCIDENT 9 5 0 1 2 2		5. DATE INVESTIGATION INITIATED		YR MO DAY 9 5 0 4 0 3			
6. SYNOPSIS OF ACCIDENT OR COMPLAINT A 5 year old male was playing with a butane disposable cigarette lighter and set the family's sofa w/recliners on fire. The fire department estimated \$35,000 structure damage and \$15,000 contents damage. There were no injuries.							
7. LOCATION(Home, school, etc.) home (living room)		8. CITY Omaha		9. STATE Nebraska		N E	
10A. FIRST PRODUCT sofa		10 6 7 9		11a. TRADE/BRAND NAME, MODEL unknown			
10B. SECOND PRODUCT butane disposable lighter		1 6 0 4		11B. TRADE/BRAND NAME, MODEL butane disposable unknown			
12. AGE OF VICTIM 9 9 9		13. SEX(Numerical & de) Male -1 Female -2 Unknown-3 I 9		14. DISPOSITION no injury 0		15. INJURY DIAGNOSIS no injury 7 0	
16. BODY PART no injury 9 9		17. RESPONDENT(S) fire investigator occupant 1		18. TYPE INVESTIGATION On Site 1 Telephone 2 Other 3		19. TIME SPENT 3 1 6 0	
20. ATTACHMENTS multiple 9		21. CASE SOURCE newspaper 0 5		22. REVIEWED BY 8 0 0 7		YR MO DAY 9 5 0 4 1 8	
23. PERMISSION TO DISCLOSE NAMES (Non Neiss Cases Only) CPSC MAY DISCLOSE MY NAME <input type="checkbox"/> CPSC MAY NOT DISCLOSE MY NAME <input checked="" type="checkbox"/>							
24. NARRATIVE(See Instructions on Other Side)				25. REGIONAL OFFICE DIRECTOR REVIEW DATE			

(Use Other Side and Additional. Sheets If Necessary)

Since the sofa had been destroyed and the remains disposed of, no on-site investigation was conducted.

PRE-INCIDENT:

According to the occupant, his 5 year old son and the son's 5 year old friend awoke on the morning of the incident at approximately 9:00 a.m.. The occupant stated that he awoken when the boys did. However, both of them indicated they were not hungry at that time, so he went back to sleep. The occupant stated that his son told him that he and his friend went to the living room and was playing with a video game on the T.V.

The occupant said that while the boys were playing with the video game, he was upstairs in the bedroom asleep. The occupant stated that they were the only individuals present on the morning of the incident.

The occupant stated that the sofa, involved in the incident, was a sofa with 2 recliners built in on each side. He stated that the sofa was manufactured with a "naugahyde" cover. He said the sofa was over 5 years old, and was in good condition. He said it was not damaged in any way prior to the incident.

INCIDENT:

The occupant and the fire investigator stated that the son, of the occupant, stated that he was playing with a butane disposable cigarette lighter, while his friend was playing with the video game. He stated that he was lighting the cigarette lighter and pressing it up against the sofa. He stated that the sofa then ignited. The occupant and the fire investigator stated that they were not sure exactly where the point of ignition was. They stated they did not ask the 5 year old male where he was holding the cigarette lighter, at the time of ignition.

According to the occupant, he was a heavy smoker and had several disposable lighters laying around. He stated that he would purchase the disposable lighters at local convenience stores, in multiple packages. He was unable to identify a brand name of the disposable lighter. He did indicate that the lighter was not a child resistant lighter.

POST INCIDENT:

According to the fire investigator, the 5 year old male stated that, after lighting the fire, he ran into the kitchen, wet a wash rag and attempted to extinguish the blaze. He said the boy told him that he made several attempts at extinguishing the blaze

with the wet rag, but was unsuccessful. According to the fire investigator and to the occupant, by the time the 5 year old male decided to awaken the occupant, the flames had become very intense. The occupant estimated that the fire had been burning approximately ten minutes when his son woke him up.

According to the occupant, there was no smoke detector- in the dwelling. The occupant stated that he had a smoke detector near the kitchen area at one time. However, the smoke detector kept going off, when he was cooking, so he removed it. According to the occupant-and the fire investigator, there were no injuries involved in the incident.

According to the occupant, he is the owner of the single family dwelling. He stated that he has some college education and his total household income is between \$15,000 and \$34,999 per year.

PRODUCT INFORMATION:

The product involved in the fire is a sofa with the two outer sides being recliners. According to the occupant, the furniture was over 5 years old and was new at the time of purchase. According to the occupant, the sofa had never been reupholstered and was in good general condition prior to the incident. The occupant stated that the outer cover of the sofa was "naugahyde". According to the fire investigator and to the occupant, the sofa was almost totally destroyed in the incident and there were no labels remaining on it. See Exhibit 6 for photographs taken by the fire department of the sofa remains. The product had been disposed of prior to my visit to the Omaha, Nebraska area.

The occupant stated that the product did not have any kind of removable seat, back or arm cushions. According to the fire investigator and to the occupant, the 5 year old male, who ignited the sofa, did not indicate where the point of ignition occurred. They stated that they did not ask him that specific question. The occupant told me that his son was very distraught and he did not want me to interview him. According to the occupant, there were no materials on the furniture such as newspapers, books, blankets, clothing, or anything else of that nature. Both the investigator and the occupant stated there were no flammable liquids, portable heaters or any other items involved in the incident.

According to the occupant, he purchased the product at Nebraska Furniture Mart, Dodge Street, Omaha, Nebraska. While in the area, the fire investigator and I visited the Nebraska Furniture Mart to see if they could provide any product identification. The clerk-in the service department reviewed the occupant's records, in the computer, and did not find the product listed.

According to the clerk, the records go back 5 years and that the product must be older than 5 years old, since it did not show up in the computer.

According to the occupant, the butane disposable lighter was purchased somewhere in the Omaha area probably at a convenience store. He stated that he was a heavy smoker and would purchase multiple packs of disposable cigarette lighters so that he would have them at his disposal any time he wanted to light up. He stated that the product was not child resistant and from now on he would look for child resistant cigarette lighters.

PRODUCT SAFETY STANDARDS:

At the present time CPSC does not have a mandatory flammability standard for upholstered furniture. This furniture was damaged so bad, in the incident, that there were no indications of any type of voluntary manufacturer guidelines.'

E X H I B I T S :

1. Assignment.
2. Data Recording Sheet for Upholstered Furniture Fires.
3. Fire Incident Report.
4. Fire Investigation Report.
5. Omaha Fire Department Supplementary Report.
6. Copy of photographs taken by the fire investigator.
7. Photo log made by the fire investigator.

Fire Incidents - ~~Detate~~ Project Omaha, NE (Tan)

IDI ASSIGNMENT TRACKING SHEET

1. ASSIGNMENT # 950303HCC2049 2. INVEST. 8724 3. SUP. 8007
4. DATE ASGD 3/13/95 5. TARGET 4/19/95 6. UPDATE _____
7. ASGN TYPE 08 8. MIS 12165 9. ACTIVITIES _____
10. NAME ~~REDACTED~~ 11. LOCATION ~~Detate~~ Omaha, NE
12. PRODUCT Sofa 13. DOC # G-510633
14. HIA REF BUNN25 15. STATUS _____ 16. LAST REV (GENERATED.)
17. REGION C
18. DATE COMPLETED _____ 19. TIME _____ 20. TRAVEL _____
21. REMARKS DOI 950122

ADDITIONAL REMARKS AND DIRECTIONS (NOT IN COMPUTER RECORD)

Conduct ^{onsite} 101 as per attached ~~report~~ Newclap
Follow instructions in EPA memo dated 9/24/94.
Use the appropriate "GUIDELINE" during the
conduct of the 101. Complete and attach
the appropriate DATA RECORDING SHEET to
your report.
Reinact scene setup and sequence of events
to extent possible and document via photos.

→ During RT visit F.O. & if worthwhile do onsite visit.

ACCIDENT INVESTIGATION REQUEST FORM

Document Number G51-0633

Date of Incident 950122

Category I.D. BURNERS 1995

Follow-up Requested

Hazard Analysis ☒

Section 15

Type Follow-up Requested

Telephone Ca ☐

On-Site

Headquarters Contact Linda Smith, (301) 504-0470, extension: 1275

Assignment Message

If residence not totally destroyed conduct on-site investigation. Please contact child's parents to find out the following:

- (1) What part of sofa ignited first?
- (2) If second hand, how long in possession?
- (3) How did child become involved with lighter?
- (4) Did lighter have safety feature?

Follow revised September 1994 guideline, "Upholstered Furniture Fires (For Open Flame Ignition Fires Only)."

Collect sample if possible, following page 9 of guideline for sample collection.

Describe incident scenario and verify child's age. Photograph and **identify** manufacturer, model number and brand name of all products involved (cigarette lighter and sofa). Please obtain fire incident report, medical, insurance and any other report of incident.

Person(s) to Contact

Guideline

Requested By

Sheila Kelly

Task Number

950303 HCC 2049

Assigned to

CH10

Date

3/3/95

FEB 15 1995

651-0633

TC20

Assign if not to be filed

U **NIVERSAL**
Morning World-Herald
Omaha, NE
Cir. D. 232,671

JAN 23 1995

Universal Press Clipping Bureau

73
House Fire Blamed on Boy With Lighter

A 5-year-old boy playing with a lighter accidentally started a fire Sunday that caused \$50,000 in damage to a house at [redacted] Battalion Chief Tom Calabro Jr. said.

Three people escaped from the two-story house without injury.

The fire began about 10 a.m. on a sofa on the first floor. The boy, who was with

a friend about the same age, tried to extinguish the blaze with a wet washcloth, Calabro said.

When that attempt failed, the boy woke up his father, who was sleeping upstairs, and the three left the house.

The Fire Department identified the occupant of the house as [redacted]

950303 HCC 2049



INVESTIGATION GUIDELINE

Attachment A
DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES
(To be attached to CPSC Form 182, Epidemiologic Investigation Report
along with a copy of the Fire Incident Report)

Task Number 950303HCC2049 Incident Date 1/24/95

A. PRODUCT DESCRIPTION: ☒ Sofa/Couch ☐ Chair ☐ Sofa bed ☐ Other _____

1. Was upholstered furniture slipcovered? ☐ Yes ☒ No ☐ Unknown

2. Had it been reupholstered? ☐ Yes ☒ No ☐ Unknown.

3. Manufacturer/Distributor/Brand Unknown

4. Purchased: ☒ New ☐ Used ☐ Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: all 1990 Furniture Age ESTIMATED 5 years old

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

Unknown

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.:

☐ skirt ☐ Seat cushion ☐ Inside back ☐ Inside arm

☐ Back ☐ Side ☐ Underside ☐ Crevice

☐ Welt Cord ☐ Tuft ☒ Other Not Sure

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

☐ LT 5 yrs. old ☒ 5 - 14 ☐ 15-64 ☐ 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

☒ lighter ☐ Match ☐ Candle ☐ Heater ☐ Fireplace

☐ Other (specify) _____

☐ Unknown



INVESTIGATION GUIDELINE

If lighter, specify type: ☐ Child-resistant ☒ Not child-resistant ☐ Unknown
If match, specify type: ☐ Book ☐ B o x ☐ Unknown
If heater, specify fuel source and distance from furniture:

_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

☐ Yes ☒ NO ☐ Unknown

If yes, specify type: _____

8. Detector went off (alarmed)?

☐ Yes ☐ No ☐ Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

10. About how soon was the fire discovered after it started? IMMEDIATELY

F. VICTIM(S)

0 Number of Deaths 0 Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

☐ Less than high school ☐ High school ☒ Some College

12. Total household income:

☐ LT \$15,000 ☒ \$15,000 - \$34,999 ☐ \$35,000 +

13. Approximate home market value: \$90,000

☐ Rent ☒ Own

General Description: Provide general description, including all other relevant factors and information on the investigation form.

PLEASE PRINT OR TYPE IN YOUR OWN
WORDS BOTH A WRITTEN AND CODED
RESPONSE (WHEN NECESSARY) LEAVING
NO ITEM BLANK UNLESS A CODE WHEN NEEDED

STATE FIRE MARSHAL-COMPUTER DIVISION NEBRASKA FIRE INCIDENT REPORTING SYSTEM

ORIGINAL
FILE

FIRE INCIDENT REPORT OMAHA FIRE DIVISION

1 ☐ DELETE
2 ☐ CHANGE

FDID	INCIDENT NO.	EXP. NO.	MO.	DAY	YR.	DAY OF WEEK	705	ALARM TIME	ARRIVAL TIME	TIME-IN SERVICE
10	0110015	11111	01	21	95	1	1	110013	110106	111115

TYPE OF SITUATION FOUND		18 <input type="checkbox"/> Other fires not classified	41 <input type="checkbox"/> Spill, leak-no fire	53 <input type="checkbox"/> Smoke removal	63 <input type="checkbox"/> Controlled burn	99 <input type="checkbox"/> Unclassified
11 <input checked="" type="checkbox"/> Structure fire	29 <input type="checkbox"/> Overpressure Rupture	44 <input type="checkbox"/> Powerline down	54 <input type="checkbox"/> Animal Rescue	65 <input type="checkbox"/> Steam, gas	<input type="checkbox"/> Other	
13 <input type="checkbox"/> Vehicle fire	32 <input type="checkbox"/> Emergency Medical call	45 <input type="checkbox"/> Arcing electric equipment	55 <input type="checkbox"/> Assist Police	mistaken for smoke		
14 <input type="checkbox"/> Brush, grass, leaves	33 <input type="checkbox"/> Locked-in, trapped	46 <input type="checkbox"/> Aircraft standby	56 <input type="checkbox"/> Unauthorized burning	71 <input type="checkbox"/> Malicious false		
15 <input type="checkbox"/> Trash, Rubbish	34 <input type="checkbox"/> Search	47 <input type="checkbox"/> Chemical spill	57 <input type="checkbox"/> Move-up	72 <input type="checkbox"/> Bomb Scare		
16 <input type="checkbox"/> Explosion, No after fire	35 <input type="checkbox"/> Extrication	49 <input type="checkbox"/> Hazardous condition	59 <input type="checkbox"/> Other service calls	73 <input type="checkbox"/> Alarm Malfunction		
17 <input type="checkbox"/> Outside spill with fire	39 <input type="checkbox"/> Rescue-Not classified	52 <input type="checkbox"/> Water removal	61 <input type="checkbox"/> Smoke scare	74 <input type="checkbox"/> Unintentional false		

TYPE OF ACTION TAKEN		4 <input type="checkbox"/> Remove hazard	8 <input type="checkbox"/> Fill in, move up, transfer	MUTUAL AID	
1 <input checked="" type="checkbox"/> Extinguishment	5 <input type="checkbox"/> Standby	9 <input type="checkbox"/> Not classified above	0 <input type="checkbox"/> Undetermined or not reported	1 <input type="checkbox"/> Rec'd	
2 <input type="checkbox"/> Rescue	6 <input type="checkbox"/> Salvage			2 <input type="checkbox"/> Given	
3 <input type="checkbox"/> Investigation only	7 <input type="checkbox"/> Ambulance service			3 <input type="checkbox"/> N/A	

FIXED PROPERTY USE (Occupancy)	19111	IGNITION FACTOR (Cause)	UNDER INVESTIGATION
--------------------------------	-------	-------------------------	---------------------

CORRECT ADDRESS	61811311	ZIP CODE	61811311	CENSUS TRACT	14191
-----------------	----------	----------	----------	--------------	-------

OCCUPANT LAST NAME	SAME	FIRST	MI	TELEPHONE	SAME	ROOM OR APT.
--------------------	------	-------	----	-----------	------	--------------

OWNER LAST NAME	SAME	FIRST	MI	ADDRESS	SAME	TELEPHONE
-----------------	------	-------	----	---------	------	-----------

METHOD OF ALARM FROM PUBLIC		4 <input type="checkbox"/> Radio	8 <input type="checkbox"/> Voice signal municipal alarm signal	CO-INSPECTION DISTRICT	SHIFT	NO. ALARMS
1 <input type="checkbox"/> Telephone direct	5 <input type="checkbox"/> Verbal	9 <input type="checkbox"/> Not classified above	0 <input type="checkbox"/> Undetermined or not reported	17	14102	11
2 <input type="checkbox"/> Municipal alarm system	6 <input type="checkbox"/> No alarm recd.					
3 <input type="checkbox"/> Private alarm system	7 <input checked="" type="checkbox"/> Tie-line (911)					

FIRE PERSONNEL RESPONDED	18	ENGINES RESPONDED	E-20-34-40	AERIAL APPARATUS RESPONDED	A-34	OTHER VEHICLES RESPONDED	B4
--------------------------	----	-------------------	------------	----------------------------	------	--------------------------	----

NO. INCIDENT-RELATED INJURIES (COMPLETE NFIRS 3)		(COMPLETE NFIRS 2)		NO. INCIDENT RELATED FATALITIES (COMPLETE NFIRS 3)		(COMPLETE NFIRS 2)	
20							

COMPLEX	1 FAMILY DWELLING	98 <input type="checkbox"/> N/A MOBILE PROPERTY TYPE	(Complete Line 5)	08 <input type="checkbox"/> N/A
---------	-------------------	--	-------------------	---------------------------------

AREA OF FIRE ORIGIN	ENTRY WAY	EQUIPMENT INVOLVED	(Complete Line 1)	05 <input type="checkbox"/> N/A
---------------------	-----------	--------------------	-------------------	---------------------------------

FORM OF HEAT OF IGNITION (Heat Source)	UNDER INVESTIGATION	TYPE OF MATERIAL IGNITED (Composition)	UNDER INVESTIGATION	FORM OF MATERIAL IGNITED (Use)	UNDER INVESTIGATION
--	---------------------	--	---------------------	--------------------------------	---------------------

METHOD OF EXTINGUISHMENT		LEVEL OF FIRE ORIGIN		ESTIMATED TOTAL DOLLAR LOSS	
1 <input type="checkbox"/> Self-extinguished	5 <input type="checkbox"/> Pre-connect hose/tank	9 <input type="checkbox"/> Not classified above	0 <input type="checkbox"/> Undetermined	1 <input checked="" type="checkbox"/> Grade level to 9 ft.	
2 <input type="checkbox"/> Make-shift aids	6 <input type="checkbox"/> Pre-connect hose/hydrant	0 <input type="checkbox"/> Undetermined		2 <input type="checkbox"/> 10 to 19 feet	
3 <input type="checkbox"/> Portable extinguisher	7 <input type="checkbox"/> Hand-laid hose/hydrant	0 <input type="checkbox"/> Undetermined		3 <input type="checkbox"/> 20 to 29 feet	
4 <input type="checkbox"/> Automatic ext. system	8 <input type="checkbox"/> Master stream device	0 <input type="checkbox"/> Undetermined		4 <input type="checkbox"/> 30 to 49 feet	

NUMBER OF STORIES		CONSTRUCTION TYPE		4 <input type="checkbox"/> Unprotected non-combustible		8 <input type="checkbox"/> Unprotected wood frame	
10 <input type="checkbox"/> 1 story	4 <input type="checkbox"/> 5 to 7 stories	7 <input type="checkbox"/> 8 to 12 stories	0 <input type="checkbox"/> Undetermined	5 <input type="checkbox"/> Protected ordinary	6 <input type="checkbox"/> Protected ordinary	7 <input type="checkbox"/> Protected wood frame	8 <input type="checkbox"/> Not classified above

EXTENT OF DAMAGE		Flame Smoke		Flame Smoke		Flame Smoke	
Confined to object of origin	1 <input type="checkbox"/> 1 <input type="checkbox"/>	Confined to the fire-rated comp.	4 <input type="checkbox"/> 0 <input type="checkbox"/>	Extended beyond structure	7 <input type="checkbox"/> 7 <input type="checkbox"/>	Flame	Smoke
Confined in area of origin	2 <input type="checkbox"/> 2 <input type="checkbox"/>	Confined to floor of origin	5 <input type="checkbox"/> 5 <input type="checkbox"/>	Undetermined or not reported	0 <input type="checkbox"/> 0 <input type="checkbox"/>	16	16
Confined to room of origin	3 <input type="checkbox"/> 3 <input type="checkbox"/>	Confined to structure of origin	6 <input type="checkbox"/> 6 <input type="checkbox"/>	No damage of this type (N/A)	9 <input type="checkbox"/> 0 <input type="checkbox"/>		

DETECTOR PERFORMANCE		SPRINKLER PERFORMANCE		9 <input type="checkbox"/> Not classified above	
1 <input type="checkbox"/> Det in room or space of fire origin-oper.	5 <input type="checkbox"/> Det in room or space of fire origin but fire too small to oper.	1 <input type="checkbox"/> Equipment operated	2 <input type="checkbox"/> Equipment should have operated-did not	0 <input type="checkbox"/> Undetermined	
2 <input type="checkbox"/> Det not in room or space of fire origin-oper.	6 <input type="checkbox"/> No detectors present (N/A)	3 <input type="checkbox"/> Equipment pre. but fire too small to oper.	8 <input type="checkbox"/> No equipment present (N/A)		
3 <input type="checkbox"/> Det in room or space of origin-no oper.	7 <input type="checkbox"/> Not classified above				
4 <input type="checkbox"/> Det not in room or space of origin-no oper.	8 <input type="checkbox"/> Undetermined				

TYPE OF MATERIAL GENERATING MOST SMOKE		98 <input type="checkbox"/> N/A AVENUE OF SMOKE TRAVEL		7 <input type="checkbox"/> Utility opening in floor	
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	SOFA	1 <input type="checkbox"/> Air handling duct	4 <input type="checkbox"/> Stairwell	8 <input type="checkbox"/> Not classified above	
		2 <input type="checkbox"/> Corridor	5 <input type="checkbox"/> Opening in construction	9 <input type="checkbox"/> Undetermined or not reported	
		3 <input type="checkbox"/> Elevator shaft	6 <input type="checkbox"/> Utility opening in wall	0 <input type="checkbox"/> No avenue of smoke travel (N/A)	

FORM OF MATERIAL GENERATING MOST SMOKE		1211	
--	--	------	--

IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO. (IF ANY)
30					
IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	
40					

Estimations and evaluations made herein represent "most likely" and "most probable" cause and effect. Any representation as to the validity or accuracy of reported condition outside NFIRS is neither intended nor implied.
OFD-19'

FIB

Officer in Charge (Name, Position, Assignment)	I.D. No.	Date
Officer in Charge (Name, Position, Assignment)	283	1-22-95
Member Making Report (If Different from Above)		
Officer in Charge (Name, Position, Assignment)		

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Exhibit #3

CUF 1

House Fire Blamed on Boy With Lighter

A 5-year-old boy playing with a lighter accidentally started a fire Sunday that caused \$50,000 in damage to a house at [REDACTED] Battalion Chief Tom Calabro Jr. said.

Three people escaped from the two-story house without injury. The fire began about 10 a.m. on a sofa. The boy, who was with a friend about the same age, tried to extinguish the blaze with a wet wash-



in that I don't really want to know what each feather's name is or the scientific name of the bird," he said. "I like to identify them as being a robin, a sandhill crane, et cetera."

"I became interested in aviation when I was very young. I can distinctly remember when I was 4 years old wanting to ride in a yellow and blue plane when my family was visiting St. Louis. Anything that flies intrigues me."

His interest continued through World War II, a time Kaufman calls the glory years for aircraft enthusiasts.

"It was just a neat era for planes and airplane buffs," he said. "I knew them all and built models of them."

The Kaufmans are involved in a breeding bird survey organized by the Nebraska Ornithological Unit of Lincoln.

Kaufman said the state is plotted. They go to their assigned area to determine which species and how many of each actually are breeding and having their young in Nebraska.

When he's not watching birds in flight, Kaufman enjoys flying himself.

"I can explain to you why and how an airplane flies and know that a hawk soaring is using thermals to stay aloft, but there still is something always magical to me about that," he said.

House Fire Blamed on Boy With Lighter

A 5-year-old boy playing with a lighter accidentally started a fire Sunday that caused \$50,000 in damage to a house at 4964 Dodge Street, Battalion Chief Tom Calabro Jr. said.

Three people escaped from the two-story house without injury.

The fire began about 10 a.m. on a sofa on the first floor. The boy, who was with

a friend about the same age, tried to extinguish the blaze with a wet washcloth, Calabro said.

When that attempt failed, the boy woke up his father, who was sleeping upstairs, and the three left the house.

The Fire Department identified the occupant of the house as [redacted].



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ORIGINAL
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OMAHA FIRE DEPARTMENT
FIRE INVESTIGATION REPORT

☒ Accidental
☐ Incendiary
☐ Att/Arson
☐ Under Investigation
☐ No Alarm, Inv. Only
☐

RB#	Zone 402	Dist. or Co. No. B-4	Type of Alarm Fire	O.F.D. File No. 9501-369
Location of Response [REDACTED]			Day/Date/Time Sunday, 22 January 1995 1003 hrs	
Caller (Name/Address/Phone)				
Occupancy Type <input type="checkbox"/> Occupied <input checked="" type="checkbox"/> Occupants Present <input type="checkbox"/> Vacant				
Residential				
<input type="checkbox"/> Rental <input type="checkbox"/> Hotel <input type="checkbox"/> Educational <input type="checkbox"/> Assembly <input type="checkbox"/> Other <input checked="" type="checkbox"/> Owner Occupied <input type="checkbox"/> Motel <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> 1 or 2 Family <input checked="" type="checkbox"/> Dormitory <input type="checkbox"/> Business <input type="checkbox"/> Storage <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Merchantile <input type="checkbox"/> Vehicle				
Weather Condition		First In Company E40 Officer Capt I Moliner #269		
Temp. 24 Wind Direction N/W		Approach Report Smoke		
Humidity 60% Velocity 22		Incident Commander B/C Bosilievac, R Bat-4		
Cloud Cover Sunny				
Fire Locations		Distinctive Odors		
1. First floor living room		None		
2.		Dark Gray		
Condition of Contents Normal		Evidence None		
Smoke Detector Present <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Estimated Dollar Loss		
Activated <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Structure \$35,000 Contents 15,000		
Insurance <input type="checkbox"/> None		Previous Fires Reported by Victim		
Owner Yes ?		Occupant		
Company		Company		
Agent		Agent		
Coverage		Coverage		
F.D. Investigator Notified				Photos Taken <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Time 1022 Hrs				Photo Log
Name Captains Lapour #247 & Schneider #370				By Lapour
Victim (Occupant)		Address/City/State		DOB
[REDACTED]		[REDACTED]		5/7/61
Victim (Owner)		Address/City/State		DOB
[REDACTED]		[REDACTED]		[REDACTED]
Name Police Officer on Scene		Police Report Made		Action by Officer
Vehicle Fire				Is Normal Equipment Present
Year _____ Make _____ License No. _____				<input type="checkbox"/> yes
Color _____ Model _____ VIN No. _____				<input type="checkbox"/> no
<input checked="" type="checkbox"/> Injury Name <input type="checkbox"/> Multiple, see Narrative		Age Trans By		Trans to Condition
<input type="checkbox"/> Fatality				
Suspect		Age	Sex	Race
		DOB	Ht	Wt
		Distinguishing Marks		
Address/City/State		Clothing		
Suspect		Age	Sex	Race
		DOB	Ht	Wt
		Distinguishing Marks		
Address/City/State		Clothing		
Suspect	Color	Year	Make	Model
Vehicle				Body Style
License No./State		Dents/Peculiarities		

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FIRE INVESTIGATION REPORT
CONTINUATION

INCIDENT ADDRESS:

VICTIM OR BUSINESS:

DAY:

Sunday

DATE:

22 January 1995

TIME:

1003 hrs

OFD FILE NO

9501-369

THIS REPORT MADE:

DAY:

Sunday

DATE:

22 January 1995

TIME:

1230 hrs ,

OPD RB #

n/a'

Synopsis

This report shall concern itself with a house fire which occurred on Sunday, 22 January 1995, at 1003 hours, at [REDACTED] Avenue. This fire with the information available at the time of this report is being considered to be accidental - children playing with lighters. The structure is valued at \$90,000. Damage to the structure is approximately \$35,000. The content value is approximately \$20,000; content loss estimated at \$15,000.

Persons Mentioned in this ReportOwner/Occupant

DOB 05/07/61

Owner's Son:

Age 5

Friend

Age 5

Omaha Fire Department Personnel:

B/C R. Bosiljevac Incident Commander

Capt. J. Mollner #269 Engine 40C--

Capt. SCHNEIDER; C.; OFD #0370/OPD #9021 Investigating Officer

Capt. LaPOUR, R., OFD #247/OPD #9016, Reporting Officer

DETAILS OF INVESTIGATION

On Sunday, 22 January 1995, Reporting Officer Capt. LaPOUR, R., OFD #247/OPD #9016, and Investigating Officer Capt. SCHNEIDER, C.; OFD #0370/OPD #9021 were notified by Omaha Fire Dispatch to respond to

Reporting officer Capt. LaPOUR, R., OFD #247/OPD #9016.

Typed by: E. Houfek, 1/23/95

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FIRE INVESTIGATION REPORT
CONTINUATION

INCIDENT ADDRESS:

VICTIM/BUSINESS

DAY/DATE/TIME:

SUN/ 22 JAN 95/ 1003 HRS

RB #

OFD NO.

9501-369

a working fire at [REDACTED] at 1003 hours.

Upon arriving at the fire scene, Reporting Officer Lapour observed a large two-story, wood frame, single family dwelling located on the south side of [REDACTED] with the address of [REDACTED]. This house is blue in color.

Reporting Officer then spoke with First, in -Engine Company #40 -Captain James Mollner, who stated that they had 'smoke on approach' at this location. They had a working fire inside of the front door, ground level area. Captain Mollner then stated that the fire was contained mainly to a large couch and two overstuffed chairs in this area, which is in the north west corner of the main floor area. The fire then communicated to the walls, and ceiling in this location. It should be noted that the entire ground level floor sustained heavy smoke and some charring to the living and dining room areas. The point of origin of this fire is located at the bottom of a large stairway which leads to the second floor area. This stairway also sustained heavy smoke and charring going up to the second floor. Reporting Officer then observed heavy smoke and some charring throughout the second floor area.

Reporting Officer then began a Photo Log documenting the point of origin, and all charring and smoke damage to the entire structure.

Reporting Officer Lapour then spoke with Incident Commander B/C Bosiljevac, who stated at this time that the owner was present at the time of the fire along with his son. The owner, [REDACTED], M, and his son, [REDACTED], along with a friend of his, [REDACTED]. Both juveniles are age 5. Chief Bosiljevac stated that the owner and occupants were at the neighbor's house directly to the west of this location.

Reporting Officer Lapour then spoke with Investigating Officer Schneider, who had arrived on location. Reporting Officer Lapour then requested that Captain Schneider go next door to speak with the owner/occupants of the fire structure. Captain Schneider then proceeded to interview the owner/occupants. Reporting Officer Lapour then returned to the fire scene to continue documenting and Photo-Log.

AREA OF FIRE

The area of fire is described as being directly inside the main front door area, ground level. This is a small living room area

Reporting Officer Capt. LaPOUR, R., OFD #247/OPD #9016,
Typed by: E. Houfek, 1/23/95

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FIRE INVESTIGATION REPORT
CONTINUATION

INCIDENT ADDRESS:

VICTIM/BUSINESS

DAY/DATE/TIME:

SUN/ 22 JAN 95/ 1003 HRS

RB #

OFD NO.

9501-369

which contained one: large couch, two large overstuffed chairs, along with end tables, a stereo, book shelf and fish aquariums. The large couch and overstuffed chairs were located at the base of the stairway leading to the second floor's bedroom areas. This is the area that sustained the heaviest fire damage and charring to the walls and the ceiling area, in this area which is located in the northwest corner, main floor of this structure.

The entire main floor area sustained charring to the living and dining room area and heavy smoke damage throughout the main level. The fire attempted to travel up the stairway to the second floor, bedroom area. This stairway also sustained heavy charring. The heat charred the paint off the ceilings and walls through out the second floor area. The entire second floor also sustained heavy smoke damage.

DETAILS OF INVESTIGATION (Continued)

Reporting Officer Lapour then relocated- next door and spoke with Captain Schneider who had interviewed the owner/occupant, [REDACTED], along with his son, [REDACTED] and his friend [REDACTED]. Captain Schneider then told Reporting Officer Lapour that the owner/occupant's son, [REDACTED], age 5 and his friend, [REDACTED], also age 5, had been playing with a lighter in the downstairs area and possibly lighting the couch on fire. The son, [REDACTED], admitted to starting the fire. Captain Schneider will do a Supplementary Report on the interviews with the father, son and friend of this fire structure.

CONCLUSION:

It is the opinion of the Investigating Officers based on the information available at the time of this report that the fire incident that occurred at [REDACTED] on Sunday, 22 January 1995, at 1003 hours, to be accidental -- children playing with lighters.. For further information see the Supplementary Report by Captain Schneider, regarding the interviews of the occupants of the structure.

END OF REPORT

Reporting Officer Capt. LaPOUR, R., OFD #247/OPD #9016,
Typed by: E. Houfek, 1/23/95

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Exhibit #4

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Page 1 of 4

OMAHA FIRE DEPARTMENT
SUPPLEMENTARY

INCIDENT ADDRESS: [REDACTED]
VICTIM/BUSINESS: [REDACTED]

RB #
n/a

OFD NO.
9501-369

	DAY	D A T E	TIME
DATE OF FIRE:	Sunday	22 January 1995	1003 hrs
INIT. REPORT DATED:	Sunday	22 January 1995	1230 hrs
THIS REPORT DATED:	Sunday	22 January 1995	1200 hrs

Synopsis

The information in this Supplementary Report details statements given to Reporting Officer from the victim, [REDACTED] and from two young five year old juvenile males, who were apparently playing with a lighter that subsequently lighted a nearby couch. A statement was taken at the first house south of [REDACTED] Avenue.

Persons Mentioned in this Report

Occupant:

[REDACTED]
DOB 05/07/61
SSN [REDACTED]
[REDACTED]
[REDACTED]

Son:

[REDACTED]
DOB 08/30/89
[REDACTED]
[REDACTED]

Mother of [REDACTED]

[REDACTED]
DOB 05/07/61
SSN [REDACTED]
[REDACTED]

Bellevue, NE
[REDACTED]

Friend:

[REDACTED]
DOB 10/9/89
[REDACTED]
[REDACTED]

Parents of [REDACTED]
[REDACTED]

Reporting Officer Capt. SCHNEIDER, C.; OFD #0370/OPD #9021

Typed by: E. Houfek, 1/23/95

950303HCC2049

Exhibit #5

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Page 2 of 4

**FIRE INVESTIGATION REPORT
CONTINUATION**

INCIDENT ADDRESS:
VICTIM/BUSINESS

DAY/DATE/TIME:
SUN/ 22 JAN 95/ 1003 HRS

RB #
N/A

OFD NO.
9501-369

Omaha Fire Department Personnel:

-Capt. **LaPOUR, R.**, OFD #247/OPD #9016, Investigating Officer
Capt. **SCHNEIDER, C.**; OFD #0370/OPD #9021

DETAILS OF INVESTIGATION

When Reporting Officer arrived at the fire scene at 4117 Lafayette Avenue, Investigating Officer **Capt. LaPOUR, R.**, OFD #247/OPD #9016, stated that he had nearly finished the fire scene investigation, but he had not interviewed the victim, nor the young juvenile who he had heard may have started the fire. Investigating Officer **Lapour** indicated that the victim were staying in a house one door east of [REDACTED]. Reporting Officer then relocated there.

Reporting Officer first met [REDACTED], who stated that he was the owner of [REDACTED], and was asleep on the second floor when he became aware of the fire. [REDACTED] stated, at this time to Reporting Officer, that he knows that his son, [REDACTED], is apparently responsible for the fire and that he would be willing to talk to Reporting Officer about it. [REDACTED] also stated to Reporting Officer that another young five year old boy named-[REDACTED] was staying with [REDACTED] at his house for the night. Reporting Officer then met first with [REDACTED] in the kitchen, in the present of his mother [REDACTED] who is divorced from [REDACTED]'s father [REDACTED] and is now remarried.

Reporting Officer began by talking with [REDACTED] and ease his concerns by insuring him that he was not going to be in any type of trouble that would require Reporting Officer to take him away, or punish him in any way for this incident, since Reporting Officer was sure that it was an accident and that Reporting Officer was sure that [REDACTED] did not mean to start the fire. [REDACTED] was visibly upset, but after several minutes, [REDACTED] seemed to calm down and began to talk with Reporting Officer after his mother, [REDACTED], gave him some assurance that everything would be okay.

At first [REDACTED] stated to Reporting Officer that he was simply walking by a couch, down on the first floor near the front entry way door, when he tripped on the lighter and the lighter then started the fire. Reporting Officer told that Reporting Officer had seen many fire and basically knew that it was

Reporting Officer **Capt. SCHNEIDER, C.**; OFD #0370/OPD #9021 .
Typed by: **E. Houfek**, 1/23/95

950303HCC2049
Exhibit #5

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FIRE INVESTIGATION REPORT
CONTINUATION

INCIDENT ADDRESS:
VICTIM/BUSINESS

DAY/DATE/TIME:
SUN/ 22 JAN 95/ 1003 HRS

RB #
N/A

OFD NO.
9501-369

difficult for a lighter to start a fire by someone walking on top of it; and suggested that-should perhaps re-think his explanation of the incident so that Reporting Officer would be certain that the information was accurate and correct. After some period of time, [REDACTED] finally did state that he did accidentally start the couch on fire while he was playing with the lighter but he tried to put it out. [REDACTED] stated to -Reporting Officer that he ran into the kitchen area and got a wet wash cloth and came back and tried to put it out, but the fire was getting too big and he could not extinguish it. [REDACTED] apparently at this time got his head too close to the flames since it was evident by the burned hair on his head that he was indeed at one point in time too close to the fire. [REDACTED] stated to Reporting Officer that he then ran upstairs and woke up his father and they then came downstairs and left the house.

Reporting Officer next spoke with [REDACTED]. [REDACTED] basically told Reporting Officer that he was playing with [REDACTED] on the first floor and noticed that [REDACTED] was playing with a lighter. [REDACTED] stated to Reporting Officer that he did not play with the lighter and he discouraged [REDACTED] from doing it but-continued playing with the lighter until the fire started. [REDACTED] said that he then ran around until-he went outside. But according to [REDACTED]'s father, during Reporting Officer's interview with him a short while after this interview, [REDACTED] was found in the kitchen area when [REDACTED] and [REDACTED] exited after ascending down the stairway from the second floor after [REDACTED] had told his dad about the fire.

Basically, in the interview with [REDACTED] father of [REDACTED], it was stated that [REDACTED] had awoken when [REDACTED] and [REDACTED] got out of bed, but they didn't indicate that they wanted anything to eat for breakfast so [REDACTED] went back to sleep and was sleeping for a short while when [REDACTED] came up and woke him and said that there was a fire. [REDACTED] stated he jumped up and grabbed-and looked down the steps and saw a lot of smoke coming up the stairs. [REDACTED] stated that he then went down the stairways backward, and with his back to where the fire was and exited to the kitchen area where the stairway led. This particular stairway had a dual exit at the bottom with one leading to the kitchen and one leading to the living room area. [REDACTED] stated that the flames were getting very hot and that he could only get by where the fire was-by turning his back to it. It was at this time, that he was exiting to the back door through the kitchen, that [REDACTED] was found and led to safety by [REDACTED]

Reporting Officer Capt. SCHNEIDER, C.; OFD #0370/OPD • a*71

Typed by: E. Houfek, 1/23/95

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Exhibit #5

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FIRE INVESTIGATION REPORT
CONTINUATION

INCIDENT ADDRESS:
VICTIM/BUSINESS

[REDACTED]

DAY/DATE/TIME:
SUN/ 22 JAN 95/ 1003 HRS

RB #
N/A.

OFD NO.
9501-369 .

After each interview, Reporting Officer explained details about the Juvenile Firesetters Program and that a fire investigator would be contacting them to follow up this incident. Both parents seemed to be receptive to this and expects a called from Captain Adolf in the near future.

END OF REPORT

Reporting Officer Capt. SCHNEIDER, C.; OFD #0370/OPD #9021
Typed by: E. Houfek, 1/23/95

950303HCC2049
Exhibit #5

These Photographs are copies of Photographs taken by Omaha, NE Fire Department.



Photo #1 This is a view of the first floor exterior of the home.



Photo #2 This is a view of the second floor exterior of the home.

950303HCC2049 .
Exhibit #6

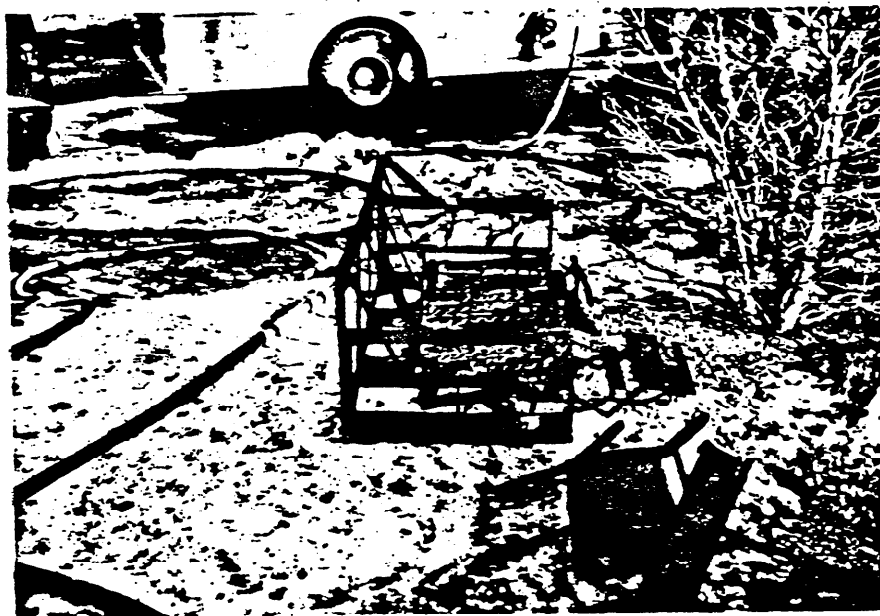


Photo #3 This is a view of the sofa where the fire started. You can see that it was almost totally destroyed in the, fire. .

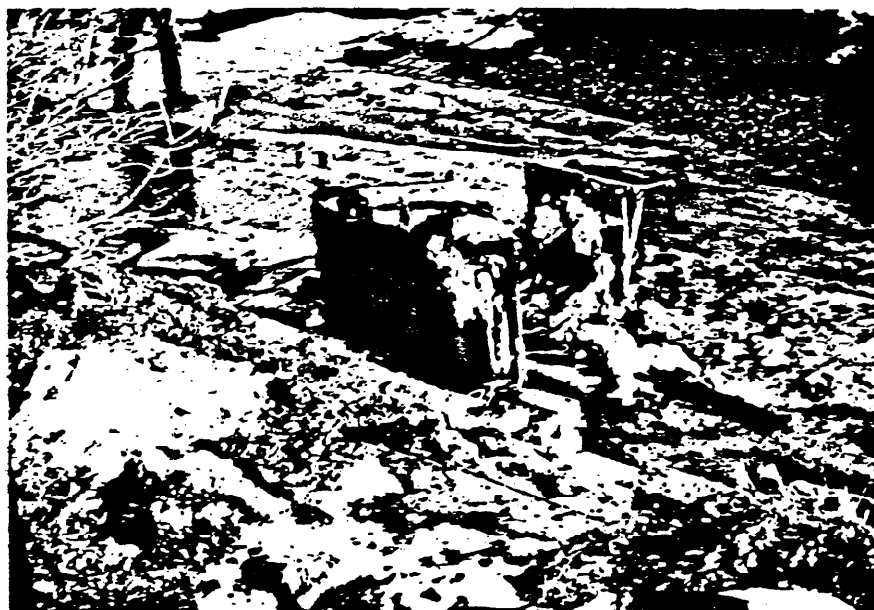


Photo #4 This is a view of two overstuffed chairs that were near the sofa.

950303HCC2049
Exhibit #6



Photo #5 This is a view of the interior of the structure and the point of origin.



Photo #6 This is a view of the ceiling area above the sofa showing heavy charring and heavy smoke damage.

950303HCC2049
Exhibit #6



Photo #7 This is a view of the stairway, along the west wall going to the 2nd level of the structure.



-Photo #8 This is a view of the south wall directly inside the front door showing the extreme heat accumulation.

950303HCC2049
Exhibit #6



Photo #9 This is a view from the outside of the front of the structure, front yard showing the debris that was removed.

950303HCC2049
Exhibit #6

COPI

OMAHA FIRE DEPARTMENT SUPPLEMENTARY		RB # n/a
INCIDENT ADDRESS: [REDACTED] VICTIM/BUSINESS: [REDACTED]		OPD NO. 9501-369
DATE OF FIRE:	<u>DAY</u> Sunday <u>DATE</u> 22 January 1995	<u>TIME</u> 1003 hrs
INIT. REPORT DATED:	Sunday. 22 January 1995	1230 hrs
THIS REPORT DATED:	Sunday 22 January 1995	1200 hrs

This is a Photo Log of a working fire at 4117 Lafayette Avenue.

- Photo #1 is a photograph of the exterior of a large 2-1/2 story wood frame, single family dwelling.
- Photo #2 is of the front of the structure showing the 2nd story of this address.
- Photo #3 is a photo of a large couch which is out in the front yard at this time, this couch was directly inside the front door area.
- Photo #4 is of two overstuffed chairs, also in the front yard. These also were in the same area as the couch, directly inside the front door. This area has been determined to be the point of origin of this fire.
- Photo #5 is of the interior of the structure. This is the point of origin of **this fire**. This photo is of the northwest corner of the front/living room, showing the low burn and heavy charring to the walls.
- Photo #6 is of the ceiling area directly above the point of origin showing heavy charring. and-heavy **smoke** damage.
- Photo #7 is of the stairway, along the west wall going to the 2nd level of this structure. Also, sustained heavy charring. The entire first level of this structure sustained heavy smoke damage throughout, The first room coming in this structure sustained the heaviest charring. The smoke had traveled to the 2nd floor, which also had sustained moderate to heavy smoke damage.
- Photo #8 shows the south wall directly inside the--front door showing the extreme heat accumulation to the wall. There is a line of demarcation approximately 3/foot up from the floor all the way to the ceiling.

Reporting Officer Capt. LaPOUR, R., OFD #247/OPD #9016,
Typed by: E. Houfek, 1/23/95 .

950303HCC2049
Exhibit #7

COPY

1Lafayette
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FIRE INVESTIGATION
CONTINUATION

VICTIM/BUSINESS

DAY/DATE/TIME:

SUN/ 22 JAN 95/ 1003 HRS

RB #

N/A

OFD NO.

. 9501-369

Photo #9 from the outside of the front of the structure, front yard. Showing the debris that has been removed from this residence.

B/C Bosiljevac at this time has informed that the owner/occupant is next door with his son, and a friend of his who stated that his son may have possibly have been playing with a BIC lighter in the area of the point of origin. Captain Schneider is interviewing the owner/occupants at this time.

END OF REPORT

Reporting Officer Capt. LaPOUR, R., OFD #247/OPD #9016.
Typed by: E. Houfek, 1/23/95

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Exhibit #7